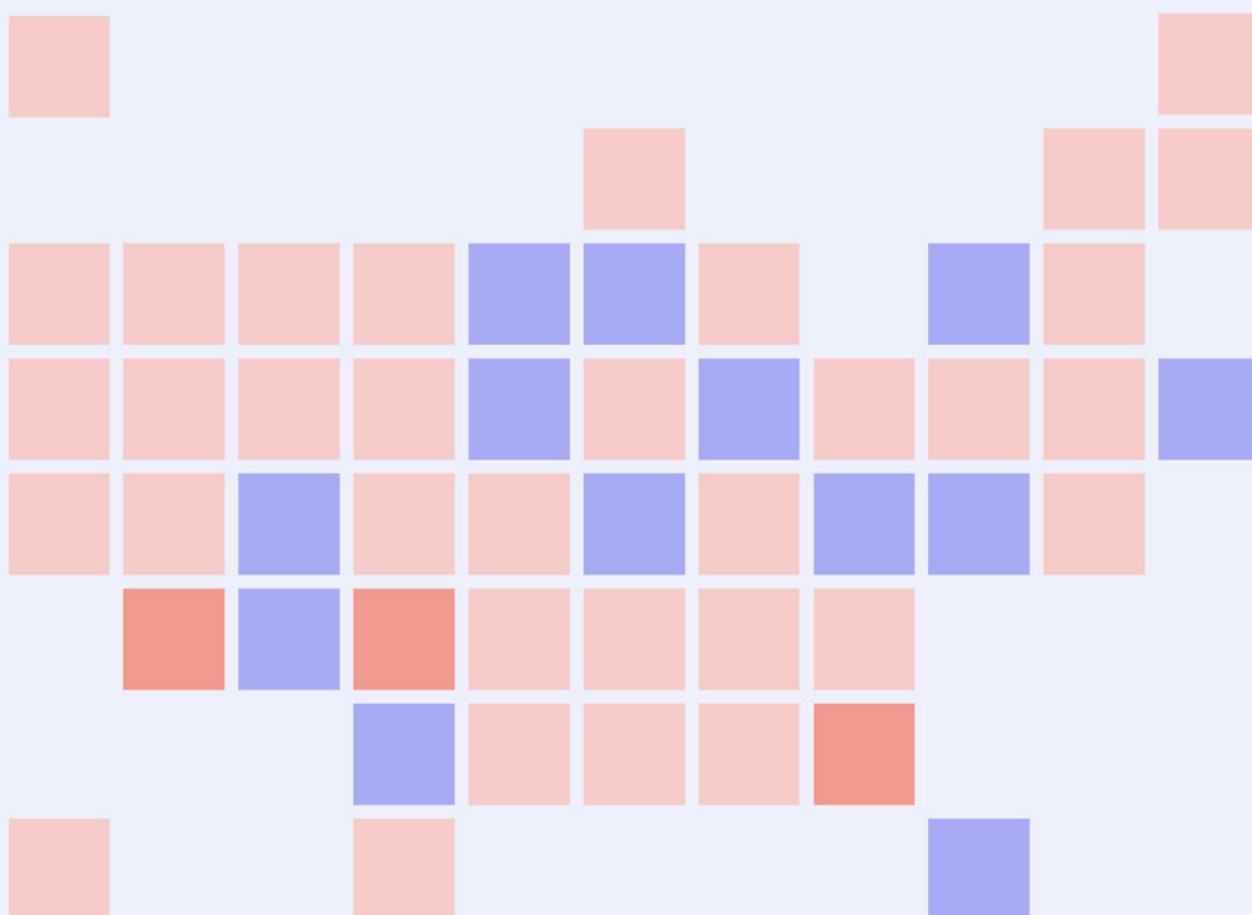


The United States Obesity Response Index: state profiles



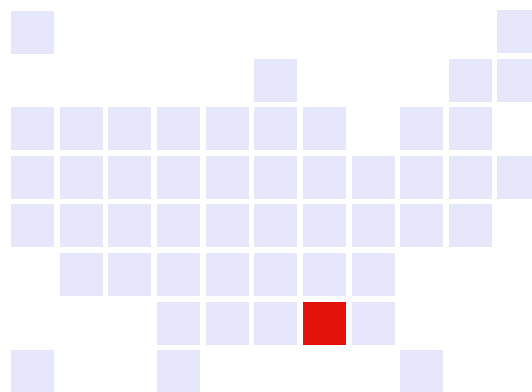
Alabama

Obesity is one of America's most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

Economist Enterprise's United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Alabama is taking to address obesity.



Score

43.7/100

Rank

45/50

Background indicators:

Adult obesity prevalence (%)	39
Childhood obesity prevalence (%)	23
Median household income (US\$)	60,660
Healthcare spending per capita (US\$)	137

State overview

Obesity-related policy

Alabama's Physical Activity and Nutrition Plan 2023-2033—recognises obesity as a chronic disease linked to heart disease, cancer, stroke and diabetes.⁵ The plan includes specific measures to support healthy food and activity environments and targets health disparities among vulnerable groups. However, it does not set numerical obesity reduction targets, address stigma, or include strategies for clinical obesity management, and it lacks a dedicated budget for implementation.^{6,7}

Access to evidence-based obesity care

Alabama's Medicaid covers only two of the four core components of comprehensive obesity care—metabolic and bariatric surgery and intensive behavioural therapy—excluding coverage of obesity medications and nutrition counselling.^{8,9} The state does not implement Healthy Behaviour Incentive Programmes within Medicaid or offer financial incentives to promote healthy weight.

Nutrition regulation and food practices in schools

The state does not levy higher taxes on unhealthy food or drinks.¹⁰ In schools, the state adheres to federal standards for school meals, but does not mandate universal free school meals for all students.^{11,12}

Opportunities for physical activity

Alabama promotes active transport through its Statewide Bicycle and Pedestrian Plan, and mandates daily physical activity in schools, though at a level below the 60-minutes per day recommended by the US Department of Health and Human Services.^{13,14} Only 61% of Alabamians have adequate access to locations for physical activity.¹⁵

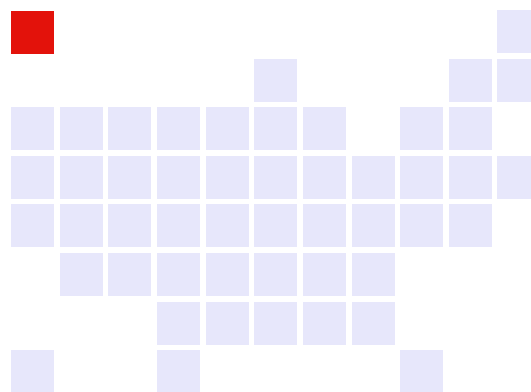
Alaska

Obesity is one of America's most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

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This state profile highlights some of the actions Alaska is taking to address obesity.



Score

48.1/100

Rank

41/50

Background indicators:

Adult obesity prevalence (%)	35
Childhood obesity prevalence (%)	18
Median household income (US\$)	98,190
Healthcare spending per capita (US\$)	334

State overview

Obesity-related policy

Alaska lacks a dedicated obesity strategy. However, its main health policy framework, Healthy Alaskans 2030, sets measurable goals tied to physical activity, healthy weight and nutrition, including targets to reduce sugary drink consumption and increase adolescent activity levels.¹⁶ Additionally, the state recognises obesity as a chronic disease and links it to diabetes, cancer and cardiovascular illness in official health reports.¹⁷ However, it does not provide legal protections against weight-based discrimination.¹⁸

Access to evidence-based obesity care

Alaska's Medicaid covers only two of the four core components of comprehensive obesity care— metabolic and bariatric surgery and intensive behavioural therapy— excluding coverage of obesity medications and nutrition counselling.¹⁹ The state does not implement Healthy Behaviour Incentive Programmes within Medicaid or offer financial incentives to promote healthy weight.

Nutrition regulation and food practices in schools

The state does not levy higher taxes on unhealthy food or drinks.²⁰ In schools, Alaska mandates nutrition education from kindergarten through 12th grade and requires all public schools to adhere to federal nutrition standards.^{21,22} However, it does not mandate universal free school meals for all students.

Opportunities for physical activity

Alaska promotes active transport through the Alaska Physical Activity and Nutrition programme, which involves infrastructure improvements to facilitate walking and cycling.²³ The state mandates daily physical activity in schools for students in kindergarten through eighth grade for at least 90% of the 60 minutes of daily physical activity recommended for children and adolescents by the US Department of Health and Human Services.²⁴

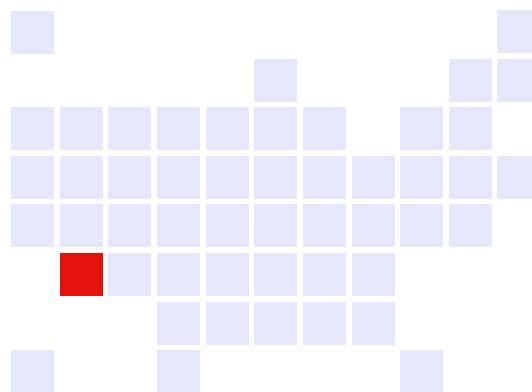
Arizona

Obesity is one of America's most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

Economist Enterprise's United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Arizona is taking to address obesity.



Score

38.8/100

Rank

49/50

Background indicators:

Adult obesity prevalence (%)	32
Childhood obesity prevalence (%)	19
Median household income (US\$)	82,660
Healthcare spending per capita (US\$)	84

State overview

Obesity-related policy

Arizona lacks a current statewide obesity strategy. The most recent plan, the Action Plan for Improving Arizonans Well-being through Healthy Eating and Active Living for 2014–2017, has not been updated.²⁵ Obesity is no longer a priority area in the state's current health improvement plan, and there is no legal recognition of obesity as a chronic disease or protection against weight-based discrimination.²⁶

Access to evidence-based obesity care

Arizona's Medicaid covers three of the four core components of comprehensive obesity care—nutrition counselling, metabolic and bariatric surgery, and intensive behavioural therapy—but does not cover obesity medications.²⁷ While several Medicaid providers offer Healthy Behaviour Incentive Programmes, there is no evidence that they target weight loss.^{28,29}

Nutrition regulation and food practices in schools

Arizona does not tax unhealthy food or drinks, and local governments are prohibited from using taxes to deter unhealthy food and drinks consumption.³⁰ In schools, the state mandates nutrition education from kindergarten through to 12th grade and implements minimum nutrition standards for school food that align with federal guidelines, including limits on sugar and fat, and requirements for fruits and vegetables in school meals.^{31,32} Public schools are required to offer free or reduced-price meals to low-income students, but the state does not mandate universal free school meals.³³

Opportunities for physical activity

The state supports activity in the workplace and childcare centres, and implements an Active Transportation Program that aims to reduce reliance on motorised transit and encourages walking and cycling.^{34,35,36} However, Arizona does not mandate physical activity in schools (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of exercise per day).³⁷

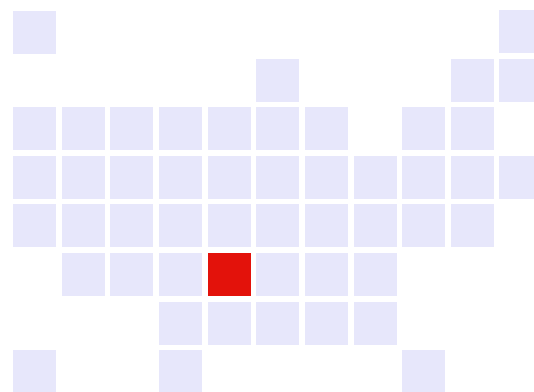
Arkansas

Obesity is one of America's most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

Economist Enterprise's United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Arkansas is taking to address obesity.



Score

54.1/100

Rank

27/50

Background indicators:

Adult obesity prevalence (%)	40
Childhood obesity prevalence (%)	23
Median household income (US\$)	63,250
Healthcare spending per capita (US\$)	128

State overview

Obesity-related policy

Arkansas lacks a current obesity strategy. Its last plan, Healthy People 2020: Arkansas's Chronic Disease Framework for Action, ended in 2020.³⁸ However, obesity is one of five priority areas under its State Health Improvement Plan for 2021-2025.³⁹ The state does not provide legal protections against weight-based discrimination under civil rights law.⁴⁰

Access to evidence-based obesity care

Arkansas Medicaid covers only two of the four core components of comprehensive obesity care—bariatric surgery and intensive behavioural therapy—and does not cover obesity medications or nutrition counselling.⁴¹ The state does not implement Healthy Behaviour Incentive Programmes within Medicaid or offer financial incentives to promote healthy weight.

Nutrition regulation and food practices in schools

The state stands out for its taxation on sugary drinks and candy, levying both a soft drink excise tax and applying full

sales tax rates to candy products.^{42,43} In schools, Arkansas mandates nutrition education and requires that local educational agencies implement nutritional standards for school meals aligned with federal guidelines.⁴⁴ Although public schools can choose to participate in federal school lunch programmes, and schools in districts where 20% or more students qualify for free and reduced-price meals are required to participate in federal school breakfast programmes, the state does not mandate universal free school meals for all students.^{45,46}

Opportunities for physical activity

Arkansas promotes physical activity and active transport through measures outlined in the state Department of Health's Prevention & Healthy Living programme and the Arkansas Bicycle and Pedestrian Transportation Plan.^{47,48} The state requires that public schools provide students in kindergarten through sixth grade with 90 minutes of physical activity each week and students through 8th grade with at least 40 minutes per week; both are below the US Department of Health and Human Services' recommendation of 60 minutes of activity per day.⁴⁹

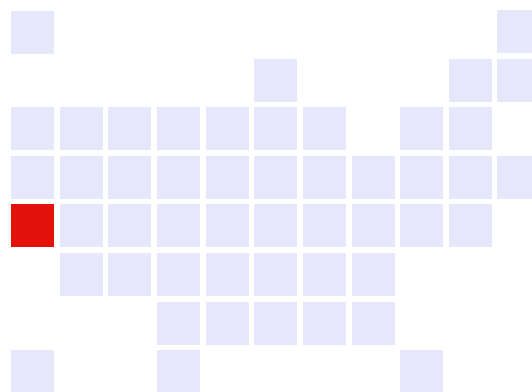
California

Obesity is one of America's most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

Economist Enterprise's United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions California is taking to address obesity.



Score

58.1/100

Rank

19/50

Background indicators:

Adult obesity prevalence (%)	28
Childhood obesity prevalence (%)	17
Median household income (US\$)	89,870
Healthcare spending per capita (US\$)	173

State overview

Obesity-related policy

California lacks a current obesity strategy. Its most recent plans—the 2006 California Obesity Prevention Plan and the 2014 California Wellness Plan—are no longer valid.^{50,51} However, adult and child obesity are priorities under California's health strategy, Let's Get Healthy California.⁵² The state defines obesity as a chronic disease and links it to other conditions such as heart disease, cancer, diabetes and arthritis.⁵³ However, weight is not a protected characteristic under anti-discrimination law.⁵⁴

Access to evidence-based obesity care

California's Medicaid (Medi-Cal) covers all four components of comprehensive obesity care: nutrition counselling, intensive behavioural therapy, obesity medication, and metabolic and bariatric surgery.⁵⁵ However, the state does not implement Healthy Behaviour Incentive Programmes within Medicaid or offer financial incentives to promote healthy weight.

Nutrition regulation and food practices in schools

Despite city-level sugary drink taxes in four municipalities in California, there is no statewide tax targeting unhealthy food or beverages.⁵⁶ In schools, the state mandates universal free school meals for all students and enforces robust school food standards that prohibit trans fats and fried foods.^{57,58}

Opportunities for physical activity

California promotes physical activity and active transport through the State Pedestrian and Bicycle Plan and the Climate Action Plan for Transportation Infrastructure, which aim to reduce car dependence and boost population health.^{59,60} The state requires that public schools provide students in first to sixth grade with an average of 20 minutes of daily physical activity, and students in 7th to 12th grade with an average of 40 minutes per day; both are below the US Department of Health and Human Services' recommendation of 60 minutes of activity per day.^{61,62}

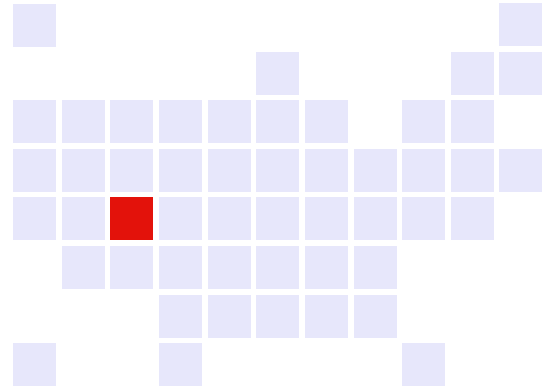
Colorado

Obesity is one of America's most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

Economist Enterprise's United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Colorado is taking to address obesity.



Score
65.5/100

Rank
3/50

Background indicators:

Adult obesity prevalence (%)	25
Childhood obesity prevalence (%)	13
Median household income (US\$)	96,640
Healthcare spending per capita (US\$)	132

State overview

Obesity-related policy

Colorado's Chronic Disease State Plan for 2022-2030 defines obesity as a chronic condition and sets specific goals, strategies and long-term targets for obesity prevention and management, including a 20% increase in the proportion of residents at a healthy weight by 2030. It includes strategies such as healthier food retail initiatives, physical activity promotion and patient referrals to lifestyle programmes.⁶³ The plan was developed with input from stakeholders across various sectors and is supported by CDC funding.⁶⁴ However, while the plan acknowledges obesity-related stigma, it does not include measures to address it, and the state does not provide any legal protections against weight-based discrimination.^{65,66}

Access to evidence-based obesity care

Health First Colorado (the state's Medicaid) covers three of the four components of comprehensive obesity care: nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).⁶⁷ However, the state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote healthy weight.

Nutrition regulation and food practices in schools

Colorado imposes a sales tax on sugary drinks and candy, exempting other foods.⁶⁸ In schools, Colorado mandates nutrition education from kindergarten through high school and implements nutritional standards for breakfasts and lunches served in school.^{69,70} The state offers but does not require public schools to participate in the Healthy School Meals for All programme, which provides free school meals to all students.⁷¹

Opportunities for physical activity

Colorado promotes physical activity and active transport through its Built Environment programme, Statewide Active Transportation Plan and Statewide Bicycle and Pedestrian Plan.^{72,73,74} The state requires that public schools provide elementary students with an average of 30 minutes of physical activity per day, below the US Department of Health and Human Services' recommendation of 60 minutes per day.⁷⁵

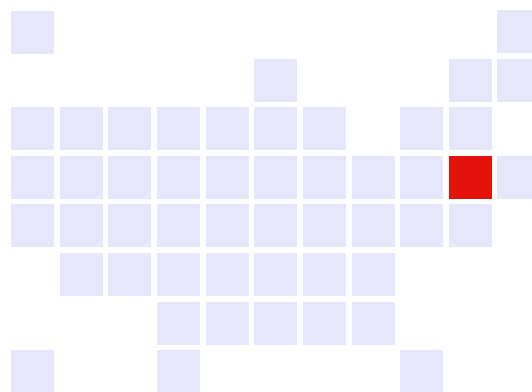
Connecticut

Obesity is one of America's most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

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This state profile highlights some of the actions Connecticut is taking to address obesity.



Score

54.1/100

Rank

26/50

Background indicators:

Adult obesity prevalence (%)	29
Childhood obesity prevalence (%)	16
Median household income (US\$)	92,240
Healthcare spending per capita (US\$)	119

State overview

Obesity-related policy

Connecticut lacks a current obesity strategy. Although obesity was a focus in its latest state health plan, Healthy Connecticut 2020, it expired in 2020.⁷⁶ The state also lacks legal protections against weight-based discrimination.⁷⁷ However, Connecticut defines obesity as a chronic disease and links it to other conditions, such as heart disease, cancer and diabetes.⁷⁸

Access to evidence-based obesity care

Medicaid in Connecticut covers three of the four components of comprehensive obesity care: metabolic and bariatric surgery, intensive behavioural therapy, and obesity medications (nutrition counselling is not covered).⁷⁹ However, the state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote healthy weight.

Nutrition regulation and food practices in schools

Connecticut imposes the standard sales tax on soft drinks and candy while exempting most other foods.⁸⁰ School food guidelines are robust and detailed in the state's Nutrition Standards for 2025-2026.⁸¹ However, the state does not mandate nutrition education in schools and does not require public schools to provide free meals to students.⁸²

Opportunities for physical activity

Connecticut has one of the highest levels of access to opportunities for physical activity nationwide (93%) and actively promotes walking and biking through its 2019 Active Transportation Plan, which focuses on mobility, safety and connectivity for non-motorised travel.^{83,84} The state that requires public schools provide physical activity to students, although for less than the US Department of Health and Human Services' recommendation of 60 minutes per day.⁸⁵

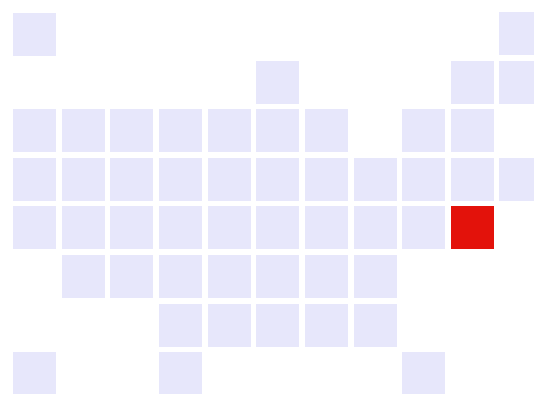
Delaware

Obesity is one of America's most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

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This state profile highlights some of the actions Delaware is taking to address obesity.



Score

48.9/100

Rank

38/50

Background indicators:

Adult obesity prevalence (%)	36
Childhood obesity prevalence (%)	20
Median household income (US\$)	86,340
Healthcare spending per capita (US\$)	149

State overview

Obesity-related policy

Delaware lacks a current obesity strategy; its most recent plan—the 2010-2014 Physical Activity, Nutrition & Obesity Prevention Comprehensive Plan—is no longer valid.⁸⁶ Additionally, the state does not offer legal protections against weight-based discrimination.⁸⁷

Access to evidence-based obesity care

Delaware's Medicaid programme covers all four components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, metabolic and bariatric surgery, and obesity medication.⁸⁸ However, it does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote healthy weight.

Nutrition regulation and food practices in schools

In schools, Delaware mandates nutrition education under its K–12 Comprehensive Health Education Program and aligns school meals with federal nutrition guidelines.^{89,90} However, it does not require public schools to provide universal free school meals or levy taxes on unhealthy foods or beverages.^{91,92}

Opportunities for physical activity

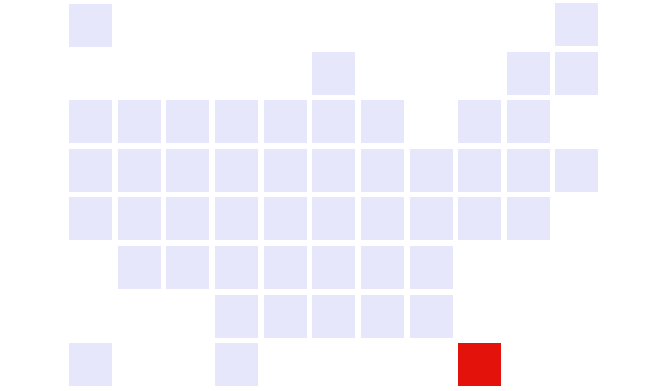
Delaware promotes physical activity through policies like the state's 2009 Complete Streets Policy, the 2024 Complete Streets Design Guide and the 2018 Bicycle-Friendly Delaware plan, all of which promote active transport and reducing car dependency.^{93,94,95} The state requires that public schools provide physical activity to students but does not set a daily time requirement, falling short of the US Department of Health and Human Services' recommendation of 60 minutes of daily activity.⁹⁶

Florida

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Florida is taking to address obesity.



Score	Rank
64.1/100	5/50
Background indicators:	
Adult obesity prevalence (%)	30
Childhood obesity prevalence (%)	14
Median household income (US\$)	72,200
Healthcare spending per capita (US\$)	77

State overview

Obesity-related policy

Florida lacks a dedicated obesity strategy. The “Healthiest Weight Florida” initiative outlines obesity-related objectives, but it does not set measurable goals for obesity prevention and management.⁹⁷ However, obesity is a priority in Florida’s 2022-2026 State Health Improvement Plan.⁹⁸ The state does not offer legal protections against weight-based discrimination under the Florida Civil Rights Act.⁹⁹

Access to evidence-based obesity care

Florida’s Medicaid programme covers three of the four components of comprehensive obesity care: metabolic and bariatric surgery, intensive behavioural therapy, and obesity medications (nutrition counselling is not covered).^{100,101,102} Florida also implements Healthy Behaviour Incentive Programmes through Medicaid providers, rewarding participants for nutrition and physical activity counselling.^{103,104}

Nutrition regulation and food practices in schools

The state imposes sales taxes on sugary drinks and candy while exempting most other groceries.¹⁰⁵ Nutrition education is required from kindergarten to 12th grade, and school nutrition standards are set by law, including specific guidance on portion size and fat and sugar content.^{106,107} Although a bill to establish universal free school breakfast and lunch to all public school students was submitted to the Florida Senate in January 2025, the state does not currently require free school meals.¹⁰⁸

Opportunities for physical activity

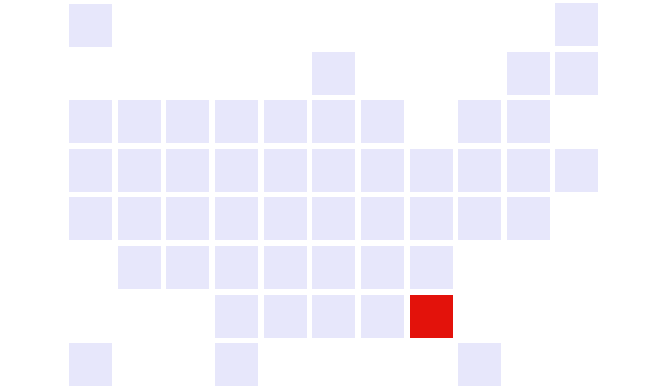
Florida lacks statewide measures to reduce car usage or promote active transport. The state mandates that public schools must provide students in kindergarten to sixth grade with an average of 30 minutes of daily physical activity, below the US Department of Health and Human Services’ recommendation of 60 minutes per day.¹⁰⁹

Georgia

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Georgia is taking to address obesity.



Score	Rank
39.8/100	48/50
Background indicators:	
Adult obesity prevalence (%)	35
Childhood obesity prevalence (%)	17
Median household income (US\$)	72,420
Healthcare spending per capita (US\$)	122

State overview

Obesity-related policy

Georgia lacks a current state-level obesity strategy and does not recognise weight as a protected characteristic, offering no legal protections against weight-based discrimination.¹¹⁰

Access to evidence-based obesity care

Medicaid in Georgia covers only two of the four components of comprehensive obesity care: metabolic and bariatric surgery, and intensive behavioural therapy (obesity medications and nutrition counselling are not covered).^{111,112} The state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote healthy weight.

Nutrition regulation and food practices in schools

In schools, Georgia has nutritional standards that set dietary requirements for breakfasts and lunches, including minimum amounts of fruits and vegetables, calorie ranges,

and targets for sodium and saturated fats.¹¹³ In addition, nutrition education is part of school curricula.¹¹⁴ Although public schools are required to participate in federal school lunch programmes, and schools where 25% or more students qualify for free and reduced-price meals must establish a school breakfast programme, the state does not mandate universal free school meals for all students.^{115,116}

Opportunities for physical activity

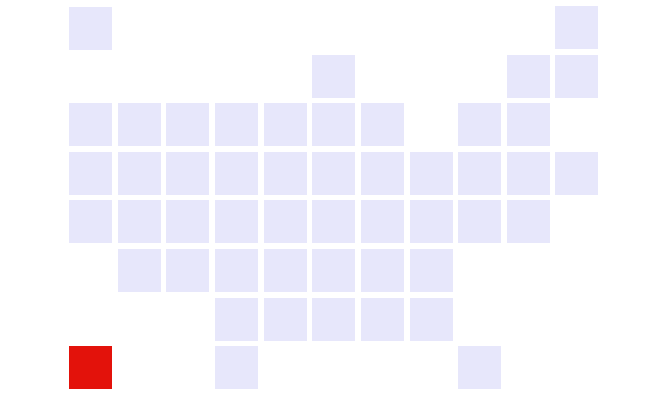
Georgia mandates that public schools provide 90 hours of health and physical education in kindergarten through to fifth grade, but there is no requirement for students to undertake at least 60 minutes of daily physical activity, as recommended by the US Department of Health and Human Services.¹¹⁷ The development of the Georgia Department of Transportation’s Active Transportation Plan may further expand access to daily activity through safer walking and cycling networks.^{118,119}

Hawaii

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Hawaii is taking to address obesity.



Score	Rank
54.8/100	23/50
Background indicators:	
Adult obesity prevalence (%)	26
Childhood obesity prevalence (%)	19
Median household income (US\$)	97,360
Healthcare spending per capita (US\$)	156

State overview

Obesity-related policy

Hawaii has a comprehensive obesity strategy: the Hawai'i Physical Activity and Nutrition Plan 2030, which outlines goals, targets and evaluation mechanisms for both preventing and managing obesity.¹²⁰ The plan's development involved collaboration across the healthcare, education, business and urban planning sectors, and emphasises equity, with actions targeting children, older adults and low-income communities.¹²¹ However, there is no dedicated budget for its implementation, and Hawaii does not offer legal protections against weight-based discrimination.¹²²

Access to evidence-based obesity care

Medicaid in Hawaii covers three of the four components of comprehensive obesity care: metabolic and bariatric surgery, intensive behavioural therapy, and obesity medications (nutrition counselling is not covered).¹²³ The state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote healthy weight.

Nutrition regulation and food practices in schools

Nutrition standards for school food are comprehensive—nutrient and energy allowances are established for meals, snacks and drinks—and nutrition education is mandatory.^{124,125} However, Hawaii does not tax unhealthy foods or beverages, and only certain students receive free school meals based on family income.^{126,127}

Opportunities for physical activity

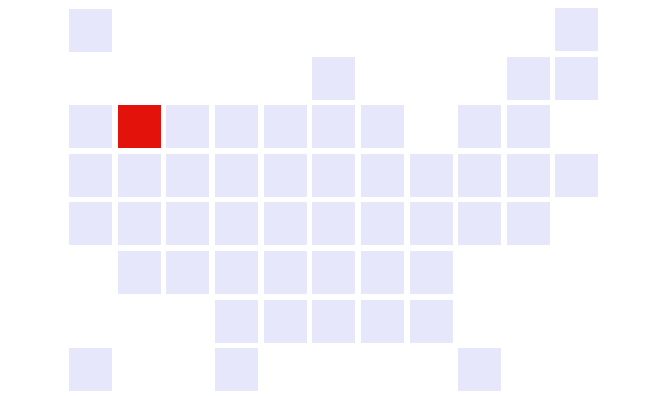
Hawaii promotes physical activity through policies encouraging active transport, including cycling and walking, such as the Healthy Hawaii Initiative and the Hawaii Complete Streets Policy.^{128,129} The state mandates that public schools provide students with 20 minutes of recess per day, and physical education classes totalling a minimum of 45 minutes per week for kindergarten to third grade, 55 minutes per week for fourth and fifth grade, 107 minutes for 6th grade, and 200 minutes per week for 7th to 12th grade, falling short of the US Department of Health and Human Services' recommendation of 60 minutes of activity per day.¹³⁰

Idaho

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Idaho is taking to address obesity.



Score	Rank
52.1/100	32/50
Background indicators:	
Adult obesity prevalence (%)	31
Childhood obesity prevalence (%)	15
Median household income (US\$)	73,910
Healthcare spending per capita (US\$)	119

State overview

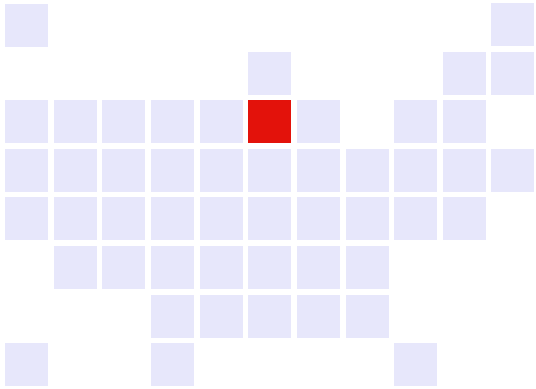
Obesity-related policy Idaho lacks a standalone, current obesity strategy. However, the Idaho Department of Health and Welfare Strategic Plan for 2021-2025 recognises obesity as a priority health issue.¹³¹ Nonetheless, the state does not formally define obesity as a chronic disease and lacks legal protections against weight-based discrimination.¹³² Access to evidence-based obesity care Idaho’s Medicaid programme covers three of the four components of comprehensive obesity care: nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).¹³³ Additionally, the Preventive Health Assistance benefit offers up to US\$200 in incentives for Medicaid participants who engage in structured weight-management activities.¹³⁴	Nutrition regulation and food practices in schools Idaho mandates nutrition education in schools, and fully implements federal school meal and snack standards across the state’s districts.^{135,136} However, the state does not impose higher taxes on unhealthy food or beverages than other food items, nor does it mandate universal free school meals.¹³⁷ Opportunities for physical activity The Idaho Physical Activity and Nutrition Program encourages healthy eating and seeks to increase active living opportunities; however, it does not include measures to promote active transport or reduce car usage.¹³⁸ In addition, although the 2023 Idaho Content Standards in Physical Education promote daily physical activity of 60 minutes or more (as recommended by the US Department of Health and Human Services), specific time requirements are not mandated in legislation.¹³⁹
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Illinois

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Illinois is taking to address obesity.



Score 63.7/100	Rank 6/50
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Background indicators:

Adult obesity prevalence (%)	36
Childhood obesity prevalence (%)	17
Median household income (US\$)	87,820
Healthcare spending per capita (US\$)	110

State overview

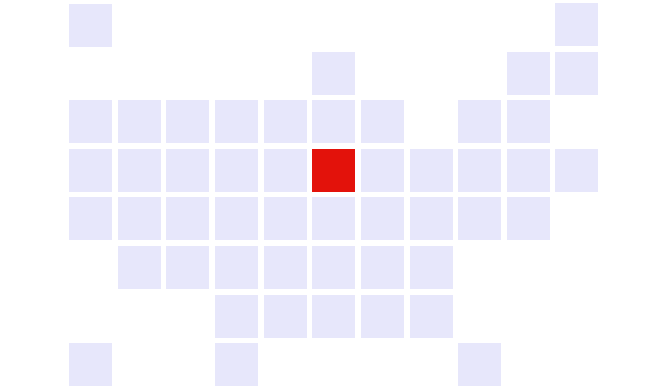
Obesity-related policy Illinois lacks a dedicated obesity strategy, though the state’s health improvement plan, Healthy Illinois 2028, identifies obesity as a structural determinant of health and includes it in its Chronic Disease pillar.¹⁴⁰ The state has taken steps to address stigma, such as integrating trauma-informed obesity education into its chronic disease goals, but weight is still not a protected characteristic under Illinois law.¹⁴¹ Access to evidence-based obesity care Medicaid covers only two of the four components of comprehensive obesity care: metabolic and bariatric surgery, and intensive behavioural therapy (nutrition counselling and obesity medications are not covered).^{142,143} The Illinois Department of Human Services implements a Healthy Local Food Incentives Program, and the Illinois Department of Central Management Services runs a Weight Loss Benefit Program promoting healthier eating and weight management.^{144,145} However, Illinois does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.	Nutrition regulation and food practices in schools Illinois applies a higher sales tax rate on soft drinks and candy than most other groceries (6.25% versus 1%).¹⁴⁶ In schools, Illinois mandates nutrition education across all grades and aligns with federal school meal standards while reinforcing them through its School Nutrition Programs Administrative Handbook.^{147,148,149} The state also achieves a 100% SNAP participation rate among eligible individuals.¹⁵⁰ Opportunities for physical activity Through the Illinois State Physical Activity and Nutrition programme, the state promotes active transport planning and community design to encourage walking, cycling and transit use in both rural and urban areas.¹⁵¹ In schools, Illinois mandates physical activity for students, with a minimum requirement of three days per week, without specifying daily time requirements.¹⁵²
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Indiana

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Indiana is taking to address obesity.



Score	Rank
59.2/100	16/50
Background indicators:	
Adult obesity prevalence (%)	38
Childhood obesity prevalence (%)	16
Median household income (US\$)	76,910
Healthcare spending per capita (US\$)	73

State overview

Obesity-related policy

Indiana lacks a current obesity-specific strategy. The Indiana Comprehensive Nutrition and Physical Activity Plan 2010-2020 has expired, and no updated plan is in place.¹⁵³ Obesity is not mentioned as a priority in the state’s overarching health plan—the Indiana State Health Assessment and Improvement Plan for 2022-2026, and there are no legal protections against weight-based discrimination.¹⁵⁴ Nonetheless, the state defines obesity as a chronic disease and links it to other chronic conditions, such as type 2 diabetes, cancer, high blood pressure and asthma.¹⁵⁵

Access to evidence-based obesity care

Medicaid in Indiana provides coverage for three of the four core components of comprehensive obesity care: nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).¹⁵⁶ Indiana does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.

Nutrition regulation and food practices in schools

Indiana imposes its standard 7% sales tax on both soft drinks and candy while exempting most other groceries.¹⁵⁷ In schools, it mandates nutrition education across grades and aligns school meal and snack standards with federal requirements.¹⁵⁸ However, Indiana does not mandate that public schools provide free school meals to students.¹⁵⁹

Opportunities for physical activity

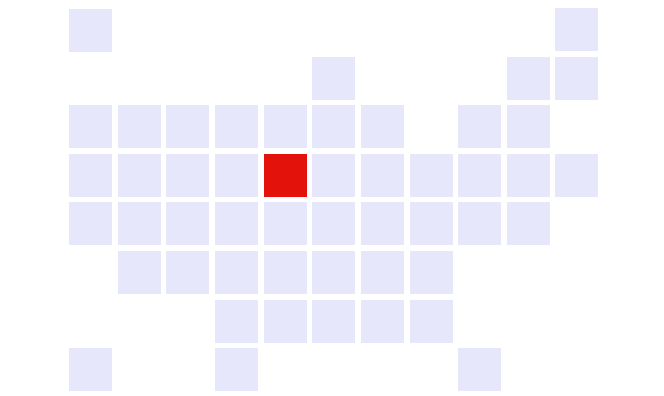
Indiana promotes active transport and reductions in car usage through policies like the Complete Streets programme and Active Living Workshops, supported by grants to develop walkable and cycle-friendly environments.^{160,161} In schools, the state mandates daily physical activity for students in kindergarten to eighth grade (without specifying time requirements) and requires 60 minutes of daily physical activity for high school students; the latter is in line with US Department of Health and Human Services recommendations.^{162,163,164}

Iowa

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Iowa is taking to address obesity.



Score	Rank
64.4/100	4/50
Background indicators:	
Adult obesity prevalence (%)	38
Childhood obesity prevalence (%)	17
Median household income (US\$)	80,860
Healthcare spending per capita (US\$)	105

State overview

Obesity-related policy

Iowa lacks a current obesity strategy. The Obesity Statewide Strategic Plan expired in 2019 and has not been updated.¹⁶⁵ Equally, obesity is not a priority in the Department of Health and Human Services Strategic Plan for 2024-27, and the state does not explicitly define obesity as a chronic disease.¹⁶⁶ Weight is also not a protected characteristic under state anti-discrimination law.¹⁶⁷

Access to evidence-based obesity care

Medicaid in Iowa covers three of the four core components of comprehensive obesity care—nutritional counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).^{168,169,170,171,172} It also implements a Healthy Behaviour Incentive Program under the Iowa Health and Wellness Plan to encourage healthy behaviours, including weight loss.¹⁷³

Nutrition regulation and food practices in schools

Iowa applies its standard 6% sales tax to candy, soft drinks and prepared foods, while exempting other groceries.¹⁷⁴ In schools, the state mandates free school meals for all students attending school for at least four hours per day and adheres to federal nutrition standards for school meals and snacks.^{175,176} Nutrition education is required across all grades—it is integrated into the Iowa Academic Standards.¹⁷⁷

Opportunities for physical activity

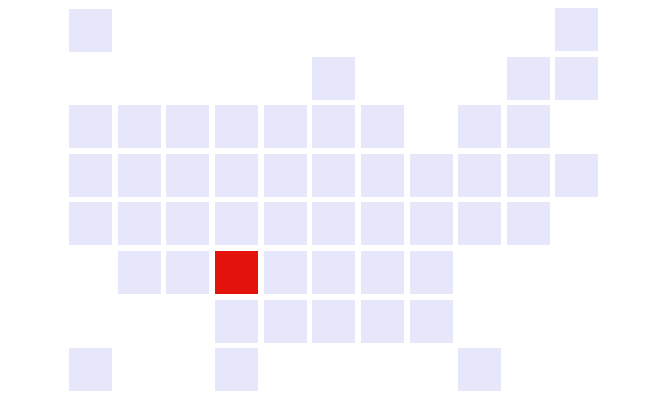
Iowa has implemented policies to promote physical activity through its 5-2-1-0 Healthy Choices Count! initiative, although these do not specifically encourage active transport or reduced car usage.¹⁷⁸ In schools, the state mandates 30 minutes of daily physical activity for students in kindergarten to fifth grade and an average of 24 minutes per day for 6th through 12th grades, below the US Department of Health and Human Services recommendation of 60 minutes per day.¹⁷⁹

Kansas

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Kansas is taking to address obesity.



Score	Rank
38.1/100	50/50
Background indicators:	
Adult obesity prevalence (%)	36
Childhood obesity prevalence (%)	15
Median household income (US\$)	84,830
Healthcare spending per capita (US\$)	95

State overview

Obesity-related policy

Kansas lacks a dedicated obesity strategy. Obesity is not addressed in the state’s main public health documents, such as the Healthy Kansans 2030 State Health Improvement Plan, and the state does not formally define obesity as a chronic disease.¹⁸⁰ Weight is also not a protected characteristic under state anti-discrimination law.¹⁸¹

Access to evidence-based obesity care

Kansas Medicaid (KanCare) covers all four core components of comprehensive obesity care: nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.^{182,183,184,185} However, the state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.

Nutrition regulation and food practices in schools

In schools, Kansas mandates universal free school breakfasts for all students and has implemented state-level school nutrition standards.^{186,187,188} However, it does not require nutrition education, and Kansas repealed its state sales tax on all foods and beverages, including sugary products, without applying differential rates to discourage unhealthy consumption.^{189,190}

Opportunities for physical activity

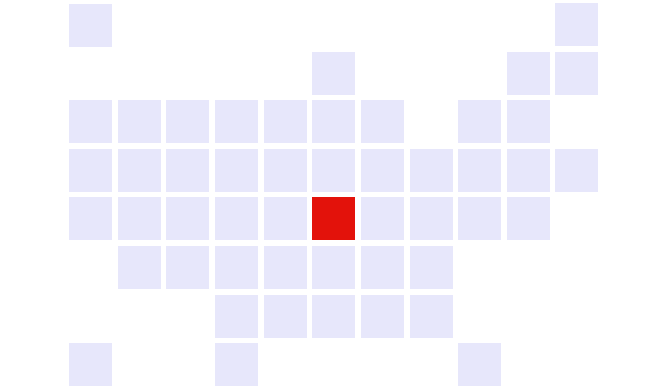
The state promotes physical activity and active transport through the Kansas Community Health Promotion Programme, including Community Design for Active People, and Creative Placemaking 101, which focus on walkable infrastructure and reducing car usage.^{191,192} Although physical education is encouraged in schools, there are no time mandates or statutory guarantees of daily physical activity for children.¹⁹³

Kentucky

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Kentucky is taking to address obesity.



Score	Rank
66.5/100	2/50
Background indicators:	
Adult obesity prevalence (%)	38
Childhood obesity prevalence (%)	19
Median household income (US\$)	61,980
Healthcare spending per capita (US\$)	108

State overview

Obesity-related policy

Kentucky’s latest obesity-related plan—Unbridled Health: A Plan for Coordinated Chronic Disease Prevention and Health Promotion—expired in 2016 and has not been updated.¹⁹⁴ The newer State Health Improvement Plan 2024-2028 shifts its focus from obesity to broader nutrition goals.¹⁹⁵ The state does not classify obesity as a chronic disease or provide legal protections against weight-based discrimination.¹⁹⁶

Access to evidence-based obesity care

Kentucky Medicaid covers three of the four core components of comprehensive obesity care: nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).^{197,198} Additional support is provided to encourage weight loss through Healthy Behavior Incentive Programmes like Go365 for Humana Healthy Horizons.¹⁹⁹

Nutrition regulation and food practices in schools

Kentucky levies a sales tax on soft drinks and candy, while exempting most other food and food ingredients.²⁰⁰ In schools, the state adheres to federal standards establishing nutritional guidelines for school meals, and mandates nutrition education for students from kindergarten through to 12th grade.^{201,202}

Opportunities for physical activity

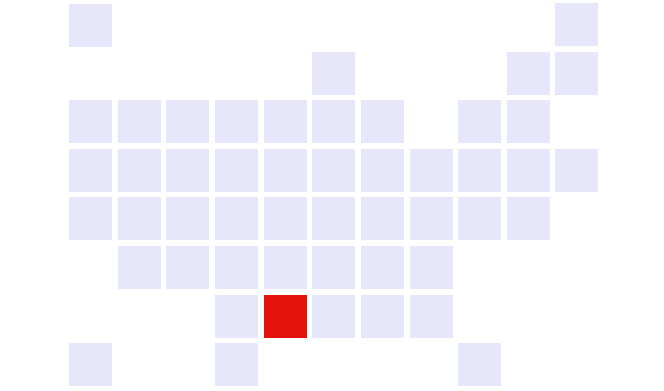
The Kentucky Department for Public Health runs programmes to promote physical activity, such as the Physical Activity and Nutrition Program and the 5-2-1-0 Healthy Numbers campaign, while policies like the 2022 Complete Streets, Roads and Highways Policy aim to increase walkability and reduce car reliance.^{203,204,205} Daily school-based activity is capped at 30 minutes and is not mandated for students beyond grade 5, falling short of the US Department of Health and Human Services recommendation of 60 minutes per day for children and adolescents.²⁰⁶

Louisiana

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Louisiana is taking to address obesity.



Score	Rank
54.8/100	24/50
Background indicators:	
Adult obesity prevalence (%)	40
Childhood obesity prevalence (%)	23
Median household income (US\$)	57,650
Healthcare spending per capita (US\$)	130

State overview

Obesity-related policy

Louisiana lacks a dedicated obesity strategy and the former Obesity Prevention and Management Commission ceased activity after 2019.²⁰⁷ The state does not define obesity as a chronic disease or legally protect against weight-based discrimination.²⁰⁸ However, obesity is a priority in the State Health Improvement Plan 2024-2028, with goals to reduce adult and child obesity rates.²⁰⁹

Access to evidence-based obesity care

Louisiana Medicaid covers only two of the four core components of comprehensive obesity care: intensive behavioural therapy and metabolic and bariatric surgery (nutrition counselling and obesity medications are excluded).^{210,211} At least one Medicaid provider offers a Healthy Behaviour Incentive Programme to encourage weight loss, with rewards including access to Weight Watchers and gym memberships.²¹²

Nutrition regulation and food practices in schools

Louisiana does not levy higher taxes on unhealthy foods or sugary drinks than other food and drinks.²¹³ In schools, the state adheres to federal school meal standards and requires nutrition education from kindergarten through to 12th grade.^{214,215} All public schools must participate in federal school meal programmes for income-eligible students, but the state does not mandate universal free school meals.²¹⁶

Opportunities for physical activity

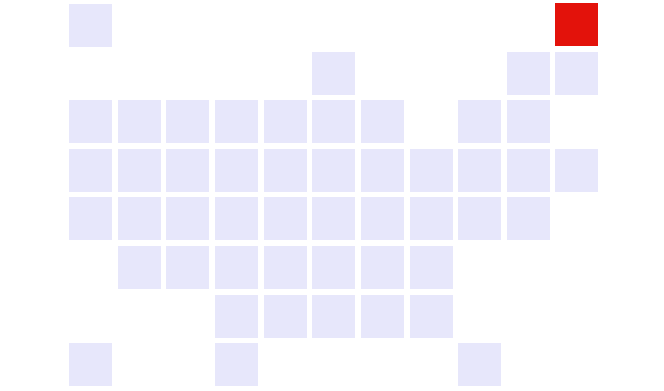
Louisiana promotes physical activity through Well-Ahead Louisiana and the state’s Complete Streets Policy, which supports infrastructure for cycling and walking, although it does not explicitly reduce car use.^{217,218} Schools mandate 150 minutes of activity per week for students in kindergarten to eighth grade, averaging 30 minutes per day, below the US Department of Health and Human Services recommendation of 60 minutes per day.²¹⁹

Maine

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Maine is taking to address obesity.



Score	Rank
56.8/100	21/50
Background indicators:	
Adult obesity prevalence (%)	33
Childhood obesity prevalence (%)	19
Median household income (US\$)	75,740
Healthcare spending per capita (US\$)	157

State overview

Obesity-related policy

Maine has a dedicated obesity strategy, Preventing and Reducing Obesity in Maine: A Call to Action, which defines obesity as a chronic disease and outlines measures for prevention, such as improving access to healthy foods, promoting physical activity and supporting breastfeeding.²²⁰ However, this strategy lacks measures for obesity management and does not include numerical targets for reducing obesity or address weight-related stigma.²²¹ The state does not provide legal protections against weight-based discrimination.²²²

Access to evidence-based obesity care

MaineCaire, the state’s Medicaid, covers three of the four core components of comprehensive obesity care: nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not included).²²³ However, the state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.

Nutrition regulation and food practices in schools

Maine applies its standard sales tax on candy, confectionery, soft drinks, desserts, bakery items and other unhealthy foods while exempting grocery staples.²²⁴ All students in public schools in Maine receive free meals under the 2021 School Meals for All law, and the state enforces nutrition standards through USDA-aligned programmes and its Smart Snacks in School guidelines.^{225,226,227} Although Maine promotes nutrition education and encourages it to be taught in schools, it does not mandate it.²²⁸

Opportunities for physical activity

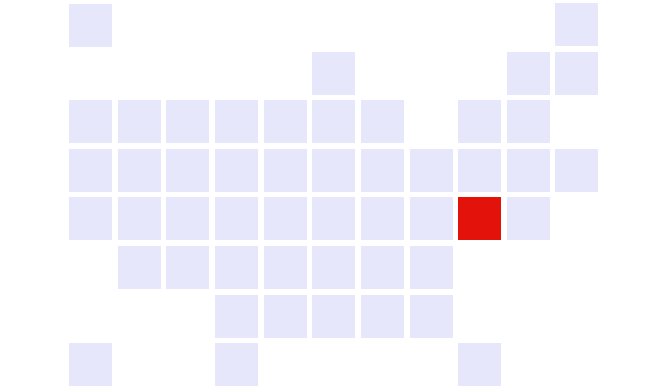
Physical activity and active transport are supported through strategies in the 2023 Maine State Active Transportation Plan, but the state does not require a minimum daily period of physical activity in schools (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).^{229,230}

Maryland

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Maryland is taking to address obesity.



Score	Rank
61.6/100	10/50
Background indicators:	
Adult obesity prevalence (%)	34
Childhood obesity prevalence (%)	17
Median household income (US\$)	102,000
Healthcare spending per capita (US\$)	210

State overview

Obesity-related policy

Maryland’s obesity-related strategy is outdated. The Nutrition and Physical Activity Plan expired in 2016, and the state’s Health Improvement Plan does not prioritise obesity as a standalone issue.^{231,232} In addition, the state does not protect against weight-based discrimination.²³³ However, it defines obesity as a chronic disease and a precursor to other chronic diseases, including diabetes, heart disease and some cancers.²³⁴

Access to evidence-based obesity care

Maryland Medicaid covers all four core components of obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.^{235,236} However, it does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.

Nutrition regulation and food practices in schools

Maryland applies its standard sales tax to unhealthy foods and beverages, including candy, confectionery and soft drinks, while exempting other foods.²³⁷ The state’s Nutrition Standards for All Foods Sold in School outline standards for school food and restrict the serving of soft drinks for elementary and middle school students.²³⁸ All elementary public schools must operate a breakfast programme for income-eligible students, and all public schools must operate a lunch programme for income-eligible students; however, the state does not mandate universal free school meals.^{239,240}

Opportunities for physical activity

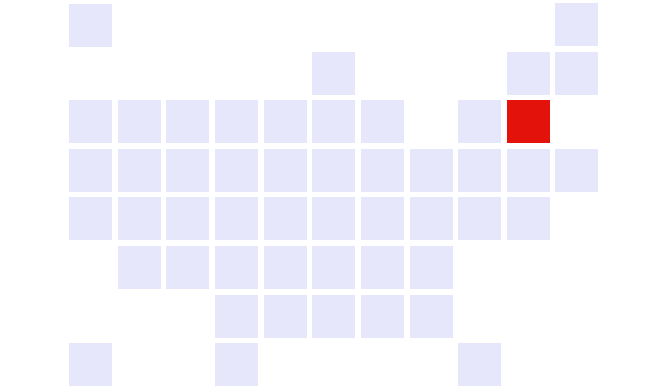
Maryland promotes physical activity and active transport through the Model Complete Streets Initiative and the 2050 Bicycle and Pedestrian Masterplan, which focus on infrastructure to facilitate walking and cycling.^{241,242} Although the state requires physical activity in public schools, it does not mandate a daily time requirement (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).²⁴³

Massachusetts

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Massachusetts is taking to address obesity.



Score	Rank
48.5/100	39/50
Background indicators:	
Adult obesity prevalence (%)	27
Childhood obesity prevalence (%)	13
Median household income (US\$)	106,500
Healthcare spending per capita (US\$)	205

State overview

Obesity-related policy

Massachusetts lacks a dedicated obesity strategy, and its most recent State Health Improvement Plan does not prioritise obesity.²⁴⁴ Although the state defines obesity as a chronic disease, it does not link obesity to related chronic diseases.²⁴⁵ Massachusetts does not currently prohibit weight-based discrimination or classify weight as a protected characteristic; however, legislation to prohibit “body size discrimination” is under consideration.²⁴⁶

Access to evidence-based obesity care

MassHealth, the state Medicaid programme, covers all four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.²⁴⁷ However, it does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.

Nutrition regulation and food practices in schools

Massachusetts mandates nutrition education from kindergarten through to 12th grade, requires all public schools to provide free school meals to all students, and enforces both federal and state-level nutrition standards for school food.^{248,249,250,251} Beyond the school environment, Massachusetts is one of six states to achieve full enrolment in its Supplemental Nutrition Assistance Program.²⁵² However, the state exempts all food products from its sales tax, without making a distinction between “healthy” and “unhealthy” items.²⁵³

Opportunities for physical activity

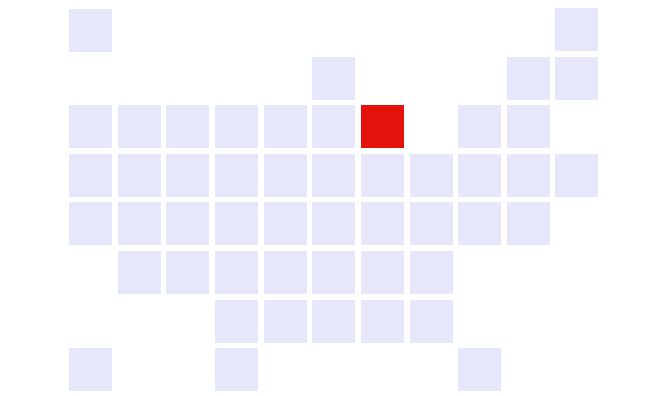
Massachusetts has the third-highest level of access to opportunities for physical activity nationwide (95%).²⁵⁴ However, while it mandates physical education in public schools, the state does not specify a daily time requirement for physical activity for children (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).²⁵⁵

Michigan

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Michigan is taking to address obesity.



Score	Rank
51/100	33/50
Background indicators:	
Adult obesity prevalence (%)	35
Childhood obesity prevalence (%)	16
Median household income (US\$)	76,960
Healthcare spending per capita (US\$)	79

State overview

Obesity-related policy

Michigan’s main obesity programme, the Nutrition, Physical Activity and Obesity Program, sets broad goals for preventing and managing obesity. However, it lacks specific actions, measurable targets and a dedicated budget for its implementation.²⁵⁶ Nonetheless, the programme defines obesity as a chronic disease and links it to heart disease, diabetes and some cancers.²⁵⁷ In addition, Michigan is one of two states with legal protections against weight-based discrimination, through the Elliott-Larsen Civil Rights Act.²⁵⁸

Access to evidence-based obesity care

Michigan Medicaid covers three of the four core components of comprehensive obesity care—intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.²⁵⁹ It extends free referrals to nutrition counselling but does not cover the sessions themselves.²⁶⁰ However, Healthy Behaviour Incentive Programmes under Medicaid to encourage weight loss were discontinued in 2024.²⁶¹

Nutrition regulation and food practices in schools

Michigan mandates universal free meals in all public schools through the Michigan School Meals Program, enforces nutrition education from kindergarten through to 12th Grade, and adheres to both federal nutrition standards and additional state guidelines for school food.^{262,263,264} The state does not levy taxes on unhealthy foods or beverages.²⁶⁵

Opportunities for physical activity

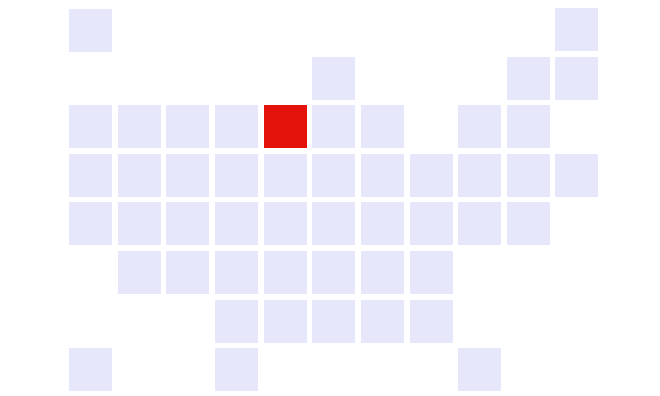
While the Nutrition, Physical Activity and Obesity Program promotes physical activity, it does not prioritise active transport or reducing car usage.²⁶⁶ The state mandates physical education in public schools but does not specify a daily time requirement for physical activity for children (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).²⁶⁷

Minnesota

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Minnesota is taking to address obesity.



Score	Rank
69.2/100	1/50
Background indicators:	
Adult obesity prevalence (%)	33
Childhood obesity prevalence (%)	12
Median household income (US\$)	90,340
Healthcare spending per capita (US\$)	127

State overview

Obesity-related policy

Minnesota’s Plan to Reduce Obesity and Obesity-Related Chronic Diseases expired in 2013 and has not been replaced.²⁶⁸ Although the state recognises obesity as a risk factor for other chronic diseases, it does not officially classify obesity as a chronic disease.²⁶⁹ Obesity is not a priority in current state health strategies, and there is no legal protection against weight-based discrimination.^{270,271}

Access to evidence-based obesity care

Medicaid in Minnesota covers all four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.^{272,273} The state also implements Healthy Behaviour Incentive Programmes under Medicaid that encourage weight loss by rewarding healthy eating and physical activity.²⁷⁴

Nutrition regulation and food practices in schools

All public schools in Minnesota must meet federal nutrition standards and provide up to two free meals per day to all students under the Free School Meals law.^{275,276} The state also mandates nutrition education from kindergarten through to 12th Grade and taxes sugary drinks and candy at the standard sales tax rate while exempting other food items.^{277,278}

Opportunities for physical activity

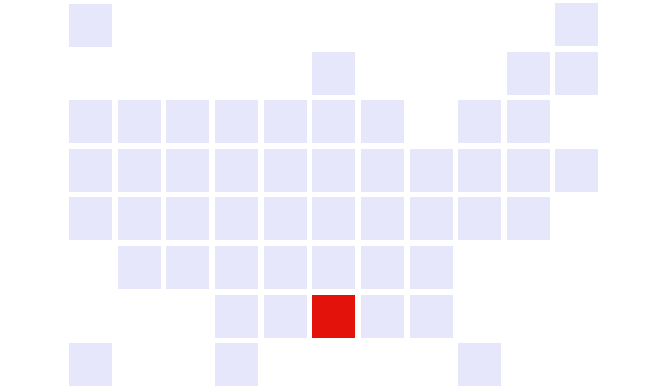
Minnesota promotes physical activity and active transport through the Active Living in Communities at a Glance strategy, the Statewide Health Improvement Partnership, and the Walkable Community Workshops programme, which focus on infrastructural changes to improve walkability and facilitate cycling.^{279,280,281} In schools, the state mandates physical education and *recommends* that children undertake an hour or more of physical activity daily—in line with US Department of Health and Human Services recommendations—but does not require schools to enforce this.²⁸²

Mississippi

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Mississippi is taking to address obesity.



Score	Rank
55.4/100	22/50
Background indicators:	
Adult obesity prevalence (%)	40
Childhood obesity prevalence (%)	25
Median household income (US\$)	55,060
Healthcare spending per capita (US\$)	119

State overview

Obesity-related policy

Mississippi identifies obesity as a public health priority in its latest State Health Improvement Plan, and its 2018 Mississippi Obesity Action Plan defines obesity as a chronic disease linked to other chronic diseases like diabetes, heart disease and cancer.^{283,284} Despite these strengths, the Action Plan lacks methods of evaluation for its obesity prevention and management measures, numeric targets for obesity prevalence reduction, and dedicated funding for its implementation.²⁸⁵ In addition, the state does not protect against weight-based discrimination.²⁸⁶

Access to evidence-based obesity care

Medicaid in Mississippi covers only two of the four core components of comprehensive obesity care—intensive behavioural therapy and obesity medications—excluding coverage of nutrition counselling and metabolic and bariatric surgery.^{287,288} At least one provider of Medicaid has implemented Healthy Behaviour Incentive Programmes to encourage weight loss, offering free Weight Watchers memberships to enrollees.²⁸⁹

Nutrition regulation and food practices in schools

Mississippi state law mandates nutrition education from kindergarten to eighth grade and adherence to USDA-aligned school meal standards.^{290,291} However, it does not require public schools to provide universal free school meals to all students.²⁹² Beyond the school environment, Mississippi does not levy higher taxes on unhealthy foods and drinks than other food items.²⁹³

Opportunities for physical activity

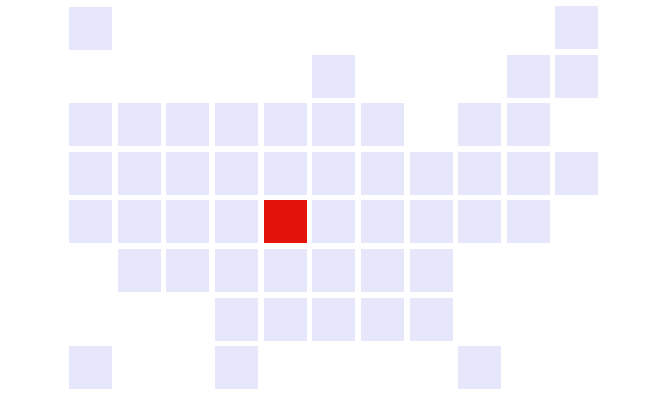
Mississippi promotes physical activity through the Healthy Living programme and the Bicycle and Pedestrian Program, which encourage active transport and aim to reduce car use by providing resources to facilitate walking and cycling.^{294,295} However, access to facilities for physical activity is the lowest in the country, at just 58%.²⁹⁶

Missouri

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Missouri is taking to address obesity.



Score	Rank
48.9/100	37/50
Background indicators:	
Adult obesity prevalence (%)	35
Childhood obesity prevalence (%)	15
Median household income (US\$)	78,290
Healthcare spending per capita (US\$)	92

State overview

Obesity-related policy

Obesity is a public health priority in the 2024-2029 State Health Improvement Plan, and the state recognises that obesity increases the risk of several chronic diseases such as type 2 diabetes and heart disease.^{297,298} However, Missouri does not maintain a dedicated obesity strategy, officially define obesity as a chronic disease or provide legal protections against weight-based discrimination.²⁹⁹

Access to evidence-based obesity care

Medicaid in Missouri provides coverage of all four core components of comprehensive obesity care—intensive behavioural therapy, obesity medications, nutrition counselling, and metabolic and bariatric surgery.³⁰⁰ However, it does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.

Nutrition regulation and food practices in schools

Missouri mandates nutrition education statewide, which is aligned with federal standards through the state’s Department of Elementary and Secondary Education training and curriculum guidelines.^{301,302} However, Missouri does not require public schools to provide universal free school meals to students, and it taxes all foods and beverages equally without distinguishing between healthy and unhealthy products.^{303,304}

Opportunities for physical activity

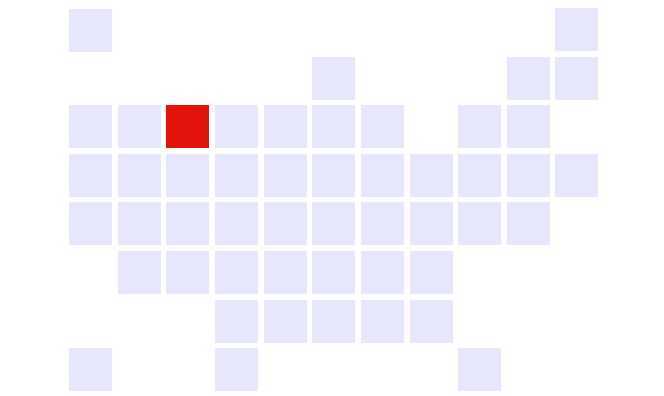
Missouri promotes physical activity through initiatives like 12345 Fit-Tastic! and Missouri Complete Streets, which aim to encourage residents to integrate active transport into daily routines and promote the design of infrastructure to ensure safe access for pedestrians and cyclists.^{305,306} The state mandates physical education in public schools but does not specify a daily time requirement for physical activity for children (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).³⁰⁷

Montana

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Montana is taking to address obesity.



Score	Rank
45.1/100	44/50
Background indicators:	
Adult obesity prevalence (%)	31
Childhood obesity prevalence (%)	14
Median household income (US\$)	79,220
Healthcare spending per capita (US\$)	143

State overview

Obesity-related policy

Montana identifies obesity as a priority in its 2024-2028 Montana State Health Improvement Plan and aims to reduce the prevalence of obesity among children, adolescents and adults.³⁰⁸ However, the state lacks a dedicated obesity strategy and does not formally define obesity as a chronic disease.³⁰⁹ Equally, it does not provide legal protections against weight-based discrimination in state law.³¹⁰

Access to evidence-based obesity care

Montana Medicaid covers only one of the four core components of comprehensive obesity care—intensive behavioural therapy—excluding metabolic and bariatric surgery, nutrition counselling, and obesity medications.³¹¹ However, to encourage healthy behaviours, the state operates a Healthy Weight Incentive, offering Medicaid recipients US\$200 for completing weight management programmes.³¹²

Nutrition regulation and food practices in schools

Montana does not tax unhealthy foods or beverages, mandate school meal nutrition standards, or require public schools to provide universal free meals to students. However, the state mandates nutrition education across school grades.³¹³

Opportunities for physical activity

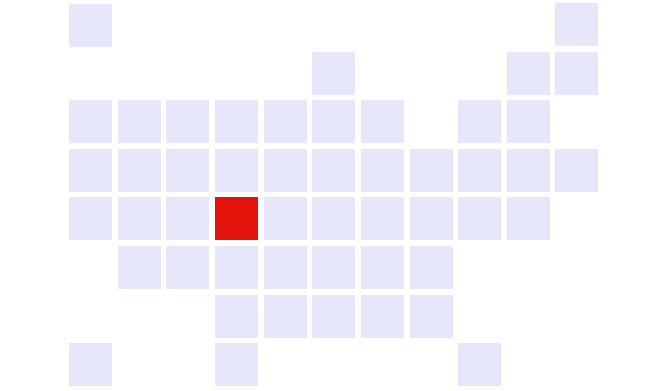
The Montana Nutrition & Physical Activity Program supports statewide walking initiatives such as Walk with Ease and the Joy in Healthy Living campaign to encourage physical activity and active transport.^{314,315} The state requires physical education in public schools but does not specify a daily time requirement for children’s physical activity (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).³¹⁶

Nebraska

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Nebraska is taking to address obesity.



Score	Rank
50.3/100	35/50
Background indicators:	
Adult obesity prevalence (%)	37
Childhood obesity prevalence (%)	14
Median household income (US\$)	89,190
Healthcare spending per capita (US\$)	118

State overview

Obesity-related policy

Regarding obesity policy, while the State Health Improvement Plan for 2023-27 has not yet been published, obesity was identified as a priority during its drafting phase.³¹⁷ However, the state’s strategic framework for obesity is outdated, with its last comprehensive plan—the Nebraska Physical Activity and Nutrition State Plan—expiring in 2016.³¹⁸ Nebraska defines obesity as a risk factor for chronic disease but does not explicitly define it as a chronic disease itself, and the state lacks laws against weight-based discrimination.^{319,320}

Access to evidence-based obesity care

Medicaid in Nebraska covers three of the four core components of comprehensive obesity care—intensive behavioural therapy, nutrition counselling, and metabolic and bariatric surgery (obesity medications are not covered).^{321,322} Managed care organisations contracted by Nebraska Medicaid also offer Healthy Behaviour Incentive

Programmes to encourage weight management through activities like wellness exams, with rewards such as gym memberships.³²³

Nutrition regulation and food practices in schools

Nebraska mandates nutrition education statewide, and the Department of Education enforces meal pattern requirements for all public schools aligned with federal standards.^{324,325,326} Nebraska does not require public schools to provide universal free school meals, although legislation to expand access is under consideration.³²⁷

Opportunities for physical activity

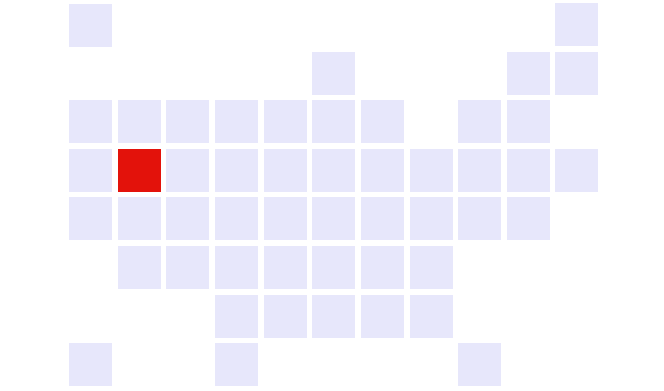
Nebraska requires physical education in public schools but does not specify a daily time requirement for children’s physical activity, falling short of the US Department of Health and Human Services recommendation of 60 minutes of daily activity.³²⁸ The state lacks policies to promote physical activity among the general population.

Nevada

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Nevada is taking to address obesity.



Score	Rank
59.3/100	15/50
Background indicators:	
Adult obesity prevalence (%)	31
Childhood obesity prevalence (%)	16
Median household income (US\$)	81,310
Healthcare spending per capita (US\$)	66

State overview

Obesity-related policy

Nevada classifies obesity as a chronic disease linked to other chronic diseases like hypertension, heart disease, diabetes and cancer.³²⁹ However, the most recent statewide obesity strategy—the Strategic Plan for the Prevention of Obesity—is from 2006.³³⁰ The Early Childhood Obesity Prevention State Plan (2021-2026) outlines prevention measures for children but lacks clear evaluation methods and dedicated funding for its implementation.³³¹ The broader Silver State Health Improvement Plan (2023-2028) does not prioritise obesity, and the state does not protect against weight-based discrimination.³³²

Access to evidence-based obesity care

Medicaid in Nevada covers three of the four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).^{333,334} In addition, Medicaid managed care organisations offer weight loss programmes.³³⁵

Nutrition regulation and food practices in schools

Nevada exempts grocery items, including candy and soft drinks, from its sales tax, without distinguishing between healthy and unhealthy items.³³⁶ In the school environment, the state mandates that certain schools provide free breakfasts to all students through the Breakfast After the Bell programme, but it does not require universal free school meals across public schools.³³⁷ The Nevada Department of Agriculture ensures that all school meals align with federal standards and implements its own nutrition standards.^{338,339}

Opportunities for physical activity

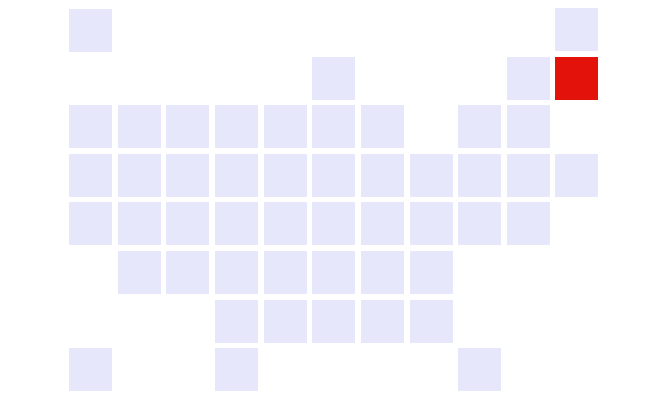
Nevada encourages physical activity through campaigns like Healthy Eating and Active Living Nevada and Move Your Way, which promote the use of active transport as part of daily routines and reduced car use.^{340,341} The state requires physical education in public schools but does not specify a daily time requirement for children’s physical activity, despite acknowledging the US Department of Health and Human Services’ recommendation of 60 minutes of daily activity.³⁴²

New Hampshire

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions New Hampshire is taking to address obesity.



Score	Rank
43.7/100	46/50
Background indicators:	
Adult obesity prevalence (%)	33
Childhood obesity prevalence (%)	11
Median household income (US\$)	98,780
Healthcare spending per capita (US\$)	109

State overview

Obesity-related policy

New Hampshire recognises obesity as a chronic disease and a risk factor for other chronic conditions, such as heart disease, type 2 diabetes, stroke and cancer.³⁴³ However, the state lacks a dedicated obesity strategy, and obesity is not a priority in the 2023-2028 State Health Improvement Plan.^{344,345} Although the state’s Department of Health and Human Services references an Obesity Prevention Program, it only recommends regular physical activity.³⁴⁶ There are no legal protections against weight discrimination, even though obesity is acknowledged as a bullying risk factor for students.³⁴⁷

Access to evidence-based obesity care

Medicaid in New Hampshire covers three of the four core components of comprehensive obesity care—intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery. Nutrition counselling is not covered.^{348,349}

Nutrition regulation and food practices in schools

New Hampshire has the highest food security rate in the country, at 93%.³⁵⁰ In schools, New Hampshire adheres to federal school meal standards and implements its own school nutrition regulations, and also requires public schools to provide free meals for income-eligible students.^{351,352} However, the state does not mandate nutrition education in the state curriculum, and does not levy taxes on unhealthy food or drinks.³⁵³

Opportunities for physical activity

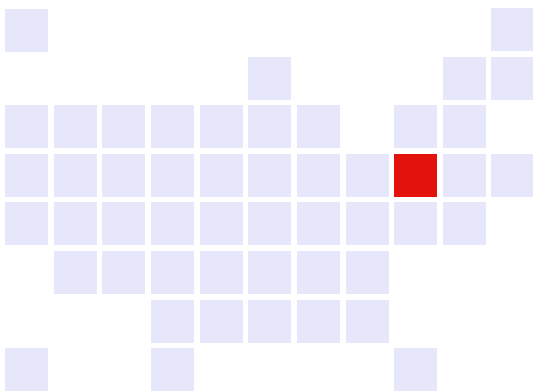
The New Hampshire Municipal Association is working to create healthier communities by increasing opportunities for physical activity. This includes rethinking zoning regulations to encourage connected developments and incorporating Complete Streets principles into roadway design.³⁵⁴ In schools, the state mandates physical education for 30 to 60 minutes per day at all grade levels, falling short of the US Department of Health and Human Services recommendation of 60 minutes of daily physical activity.³⁵⁵

New Jersey

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions New Jersey is taking to address obesity.



Score 48.1/100	Rank 40/50
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Background indicators:

Adult obesity prevalence (%)	29
Childhood obesity prevalence (%)	17
Median household income (US\$)	91,590
Healthcare spending per capita (US\$)	95

State overview

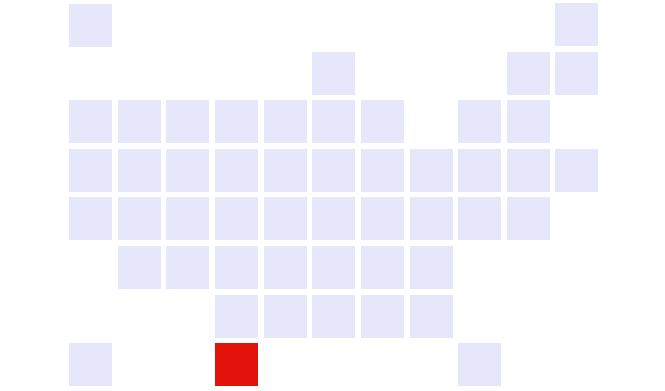
Obesity-related policy New Jersey’s 2020 State Health Improvement Plan identifies obesity as a priority through its focus on nutrition, physical activity and chronic disease prevention.³⁵⁶ However, the state lacks a dedicated obesity strategy—the State Obesity Prevention Plan expired in 2018 and has not been updated.³⁵⁷ Although the state recognises obesity as a risk factor for chronic diseases, it does not define obesity itself as a chronic disease.³⁵⁸ In addition, the state does not include weight as a protected class in its anti-discrimination laws, although a bill to address this is under consideration.³⁵⁹ Access to evidence-based obesity care Medicaid coverage is limited to two of the four core components of comprehensive obesity care—intensive behavioural therapy and metabolic and bariatric surgery. Nutrition counselling is not covered, and coverage for obesity medications remains under legislative review.^{360,361} The state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.	Nutrition regulation and food practices in schools New Jersey mandates nutrition education and administers federal nutrition standards in schools, and expanded income-based eligibility for free school meals in 2024.^{362,363,364} Although the state exempts certain foods and drinks from its sales tax, it does not distinguish between healthy and unhealthy items.³⁶⁵ Opportunities for physical activity Initiatives like the New Jersey Healthy Communities Network and the state’s Bicycle & Pedestrian Master Plan support infrastructure for daily activity and active transport.^{366,367} In addition, New Jersey has the highest level of access to opportunities for physical activity in the country, with 96% of residents having access.³⁶⁸ However, although the state requires physical education in schools, it does not specify a daily time requirement for children’s physical activity (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).³⁶⁹
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New Mexico

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions New Mexico is taking to address obesity.



Score	Rank
60.6/100	11/50
Background indicators:	
Adult obesity prevalence (%)	35
Childhood obesity prevalence (%)	17
Median household income (US\$)	60,980
Healthcare spending per capita (US\$)	300

State overview

Obesity-related policy

New Mexico identifies obesity as a priority for tribal populations in its 2024-2026 State Health Improvement Plan, and it classifies obesity as a chronic disease linked to other chronic diseases like heart disease, diabetes and certain cancers.^{370,371} However, the state lacks a dedicated obesity strategy and does not provide legal protections against weight-based discrimination.³⁷²

Access to evidence-based obesity care

Medicaid covers three of the four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).^{373,374,375} In addition, several Medicaid providers in New Mexico have implemented Healthy Behaviour Incentive Programmes to encourage weight loss, rewarding actions such as completing movement challenges and attending nutritional counselling sessions.^{376,377}

Nutrition regulation and food practices in schools

New Mexico’s Healthy Hunger-Free Students Bill of Rights Act mandates universal free school meals for all students.³⁷⁸ All public schools follow federal nutrition standards for school meals and teach nutrition education from kindergarten through high school.^{379,380,381,382} However, the state does not levy higher taxes on unhealthy food or beverages than on other products.³⁸³

Opportunities for physical activity

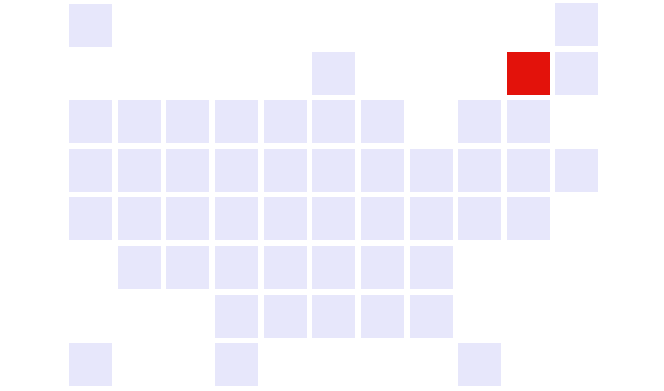
New Mexico promotes physical activity and active transport through the Outdoor Recreation Division and the Transportation and Recreational Programmes.^{384,385} Public schools are required to provide opportunities for physical activity to students before, during and after school, but no daily time requirement is mandated (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).³⁸⁶

New York

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions New York is taking to address obesity.



Score	Rank
60.6/100	12/50
Background indicators:	
Adult obesity prevalence (%)	28
Childhood obesity prevalence (%)	17
Median household income (US\$)	81,600
Healthcare spending per capita (US\$)	178

State overview

Obesity-related policy

New York’s latest obesity strategy was embedded within its 2019-2024 Prevention Agenda: Prevent Chronic Diseases Action Plan, which expired in 2024.^{387,388} New York does not formally define obesity as a chronic disease, and although New York City bans weight-based discrimination, there is no such state-level protection.³⁸⁹

Access to evidence-based obesity care

Medicaid in New York covers only one of the four core components of comprehensive obesity care—metabolic and bariatric surgery—meaning that intensive behavioural therapy, nutrition counselling and obesity medications are not covered.³⁹⁰ However, the state implements Healthy Behaviour Incentive Programmes within Medicaid to encourage weight loss through physical activity and healthy eating, offering up to US\$1,150 annually for losing weight or maintaining a reduced weight.³⁹¹

Nutrition regulation and food practices in schools

New York levies its sales taxes on candy, confectionery and soft drinks, while exempting other foods and beverages.³⁹² All public schools in New York adhere to federal nutrition standards for school food through the National School Lunch Program, and New York City maintains additional municipal guidelines.^{393,394} Nutrition education is required statewide as part of the health education curriculum.³⁹⁵ However, the state does not mandate universal free school meals.

Opportunities for physical activity

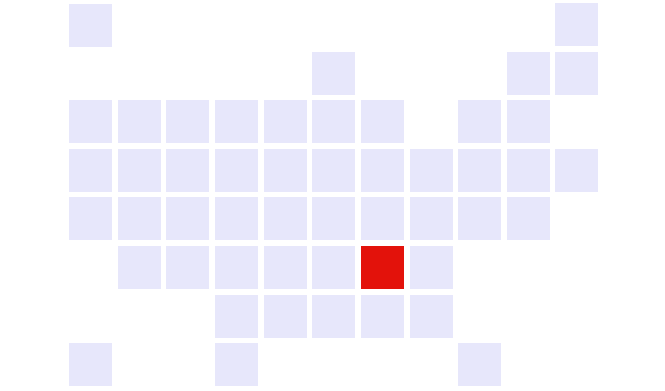
New York seeks to encourage regular physical activity and active transport by improving community environments that support activity and increasing access to safe places for physical activity.^{396,397} In schools, mandated daily physical activity averages only 24 minutes per day, below the 60 minutes recommended by the US Department of Health and Human Services.³⁹⁸

North Carolina

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions North Carolina is taking to address obesity.



Score	Rank
58.5/100	18/50
Background indicators:	
Adult obesity prevalence (%)	34
Childhood obesity prevalence (%)	16
Median household income (US\$)	68,610
Healthcare spending per capita (US\$)	78

State overview

Obesity-related policy

North Carolina lacks a dedicated, government-led obesity strategy. The 2019 Plan to Address Overweight and Obesity, published by a statewide non-governmental movement—Eat Smart, Move More North Carolina—offers relevant strategies but is not state-implemented.³⁹⁹ Although the Healthy North Carolina 2030 programme includes goals related to reducing sugar-sweetened beverage consumption and promoting physical activity and active transport, obesity is not designated a priority area in the 2023 State Health Improvement Plan.^{400,401} In addition, weight is not recognised as a protected characteristic under anti-discrimination statutes.⁴⁰²

Access to evidence-based obesity care

Medicaid in North Carolina covers all four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.^{403,404} However, the state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.

Nutrition regulation and food practices in schools

North Carolina taxes sugary drinks and candy at a higher rate than other groceries.⁴⁰⁵ The state requires all public schools to integrate nutrition education across grades, adhere to federal nutrition standards for school meals, and participate in federal free and reduced-price meal programmes for eligible low-income students.^{406,407,408}

Opportunities for physical activity

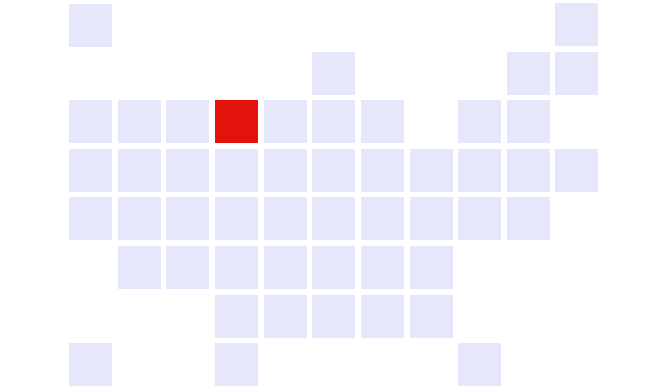
North Carolina seeks to promote physical activity among the population by improving community design to encourage and facilitate active transport.^{409,410} In schools, it mandates 30 minutes of daily physical activity for students in kindergarten to eighth grade, falling below the US Department of Health and Human Services’ recommendation of 60 minutes per day.⁴¹¹

North Dakota

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions North Dakota is taking to address obesity.



Score	Rank
45.3/100	43/50
Background indicators:	
Adult obesity prevalence (%)	36
Childhood obesity prevalence (%)	13
Median household income (US\$)	76,960
Healthcare spending per capita (US\$)	162

State overview

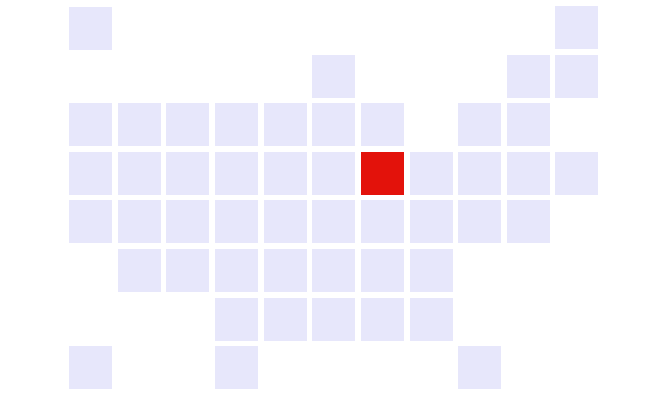
Obesity-related policy North Dakota does not have a dedicated obesity strategy, and obesity is not a priority in the State Health Improvement Plan 2024-2029.⁴¹² Although the earlier North Dakota Department of Health and Human Services’ Strategic Plan for 2022-2024 set limited childhood obesity reduction targets, no updated goals or ongoing programmes exist.⁴¹³ The state does not classify obesity as a chronic disease or provide legal protections against weight-based discrimination under its anti-discrimination laws.⁴¹⁴ Access to evidence-based obesity care Medicaid covers all four core components of comprehensive obesity care—nutrition counselling, obesity medications, intensive behavioural therapy, and metabolic and bariatric surgery.^{415,416,417,418} However, the state does not implement Healthy Behaviour Incentive Programmes within Medicaid to promote weight loss.	Nutrition regulation and food practices in schools North Dakota taxes candy, prepared foods and soft drinks at the usual sales tax rate, while exempting other groceries and unprepared foods.⁴¹⁹ The state mandates that public schools follow federal nutrition guidelines for school meals.^{420,421} However, it does not mandate nutrition education in schools or require schools to provide universal free school meals to students. Opportunities for physical activity North Dakota requires physical education in public schools from kindergarten to 12th grade, although daily activity durations are not specified (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).⁴²²
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Ohio

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Ohio is taking to address obesity.



Score	Rank
63/100	8/50
Background indicators:	
Adult obesity prevalence (%)	36
Childhood obesity prevalence (%)	18
Median household income (US\$)	73,770
Healthcare spending per capita (US\$)	97

State overview

Obesity-related policy

Ohio has not updated its Ohio Obesity Prevention Plan, which expired in 2014.⁴²³ The State Health Improvement Plan 2020-2022 did not prioritise obesity, and the state does not formally define obesity as a chronic disease.^{424,425} In addition, Ohio law does not protect against weight-based discrimination.⁴²⁶

Access to evidence-based obesity care

Medicaid in Ohio covers three of the four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).⁴²⁷ Ohio also implements a Healthy Behaviour Incentive Programme under Medicaid, encouraging participants to maintain a healthy weight through a points-based rewards system.⁴²⁸

Nutrition regulation and food practices in schools

Ohio enforces nutrition standards for food sold in schools under the Healthy Choices for Healthy Children’s Act, and mandates nutrition education as part of the health education curriculum.^{429,430} However, free school meals are only guaranteed for low-income students.⁴³¹

Opportunities for physical activity

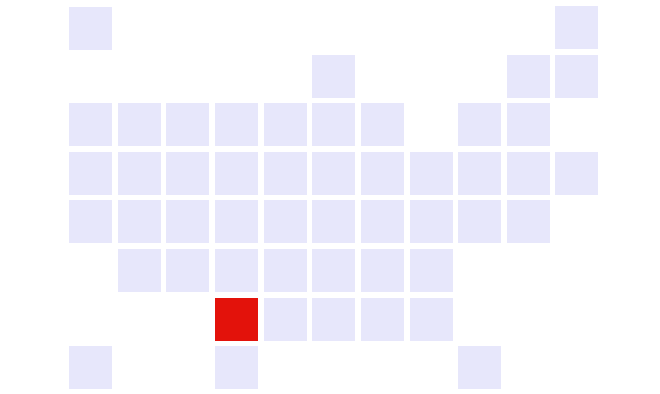
Ohio has initiatives to promote active transport and reduce car usage, including providing information to employers on promoting walking and biking to work, as well as bicycle and pedestrian infrastructure grants.^{432,433} For children, public schools are required to provide physical education, but there is no mandated daily time requirement (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).⁴³⁴

Oklahoma

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Oklahoma is taking to address obesity.



Score	Rank
60.4/100	13/50
Background indicators:	
Adult obesity prevalence (%)	39
Childhood obesity prevalence (%)	19
Median household income (US\$)	67,330
Healthcare spending per capita (US\$)	143

State overview

Obesity-related policy

The Health for a Lifetime: State of Oklahoma Obesity Prevention Plan, published in 2022, outlines measures for prevention and management, including specific targets and evaluation methods.⁴³⁵ The plan addresses disparities across socio-economic and racial lines, and includes actions to reduce obesity-related stigma, such as embedding weight bias training in health education curricula.⁴³⁶ However, it lacks dedicated funding for implementation.⁴³⁷ Despite these strengths, Oklahoma lacks legal protections against weight-based discrimination and does not define obesity as a chronic disease.⁴³⁸

Access to evidence-based obesity care

Medicaid in Oklahoma (SoonerCare) covers three of the four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).^{439,440,441} Additionally, several Medicaid providers implement Healthy Behaviour Incentive Programmes to encourage weight loss, providing financial rewards for participation in weight management programmes and attending nutritional counselling.⁴⁴²

Nutrition regulation and food practices in schools

Oklahoma exempts soft drinks and candy from its sales tax and does not require public schools to provide free school meals to all students.^{443,444} However, the state has nutritional standards for school meals and mandates nutrition education in schools from kindergarten through high school.^{445,446}

Opportunities for physical activity

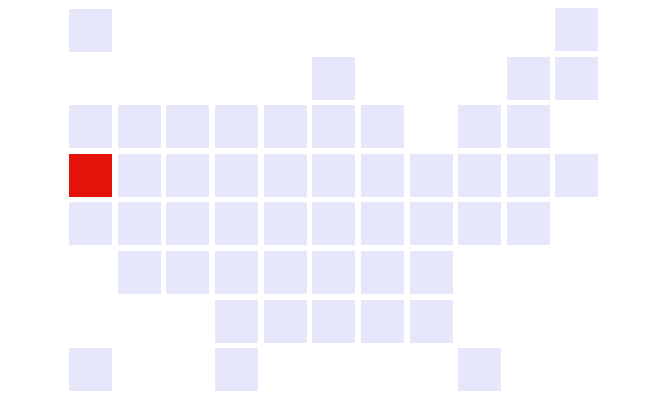
Oklahoma has initiatives to promote active transport and reduce car usage by increasing investments in cycling and walking infrastructure.⁴⁴⁷ Public schools must provide students in kindergarten to fifth grade with 60 minutes of physical activity per week; this falls short of the US Department of Health and Human Services’ recommendation of 60 minutes per day.⁴⁴⁸

Oregon

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Oregon is taking to address obesity.



Score	Rank
52.9/100	31/50
Background indicators:	
Adult obesity prevalence (%)	34
Childhood obesity prevalence (%)	15
Median household income (US\$)	88,740
Healthcare spending per capita (US\$)	191

State overview

Obesity-related policy

Oregon’s obesity-related strategy, the Health Promotion and Chronic Disease Prevention Strategic Plan 2017-2025, defines obesity as a chronic disease and sets goals for reducing its prevalence.⁴⁴⁹ The plan includes measures for obesity prevention and management, and long-term targets for reducing prevalence; it also focuses on the needs of vulnerable groups.⁴⁵⁰ However, it lacks dedicated funding for its implementation. Although the plan acknowledges obesity-related stigma and discrimination, the state does not provide legal protections against weight-based discrimination.^{451,452}

Access to evidence-based obesity care

Medicaid in Oregon (Oregon Health Plan) covers three of the four core components of comprehensive obesity care—nutritional counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).⁴⁵³ However, the state does not offer Healthy Behaviour Incentive Programmes within Medicaid to encourage weight loss.

Nutrition regulation and food practices in schools

The state adheres to federal standards establishing nutritional guidelines for school food and mandates nutrition education in all public schools from kindergarten to 12th grade.^{454,455} Some public schools (those where 25% or more students qualify for free and reduced-price meals) must establish a school breakfast programme, and schools where 70% or more students qualify are required to establish a Breakfast After the Bell programme; however, the state does not mandate universal free school meals for all students.⁴⁵⁶

Opportunities for physical activity

Oregon has policies to promote active transport and reduce car usage through education, infrastructure development and community engagement initiatives.⁴⁵⁷ All public schools are required to provide students in kindergarten to eighth grade with 30 minutes of exercise per day; this falls short of the US Department of Health and Human Services’ recommendation of 60 minutes per day.⁴⁵⁸

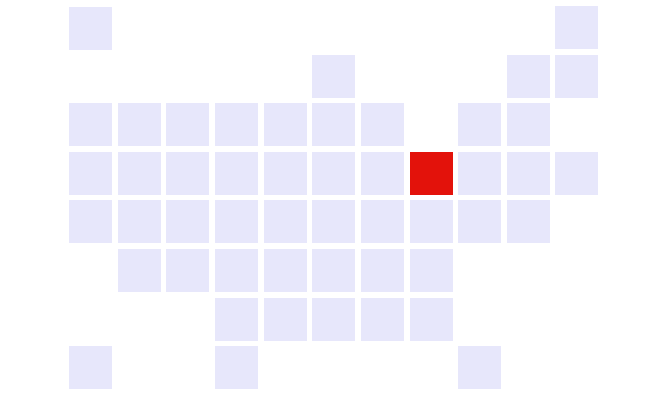
Pennsylvania

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Pennsylvania is taking to address obesity.



Score	Rank
53.1/100	30/50
Background indicators:	
Adult obesity prevalence (%)	33
Childhood obesity prevalence (%)	16
Median household income (US\$)	79,820
Healthcare spending per capita (US\$)	79

State overview

Obesity-related policy Pennsylvania’s 2023–2028 State Health Improvement Plan focuses on preventing and managing obesity under its “Chronic Disease Prevention” section. It sets measurable goals like reducing adult and childhood obesity and increasing physical activity and fruit and vegetable consumption.⁴⁵⁹ The state recognises obesity as a chronic disease and risk factor for other chronic health conditions, including diabetes and cardiovascular disease.⁴⁶⁰ However, Pennsylvania lacks a dedicated obesity strategy. Although the State Physical Activity and Nutrition (SPAN) Program supports relevant initiatives—such as the Good Food, Healthy Hospitals programme and community active transport grants—these are not part of a unified obesity framework.⁴⁶¹ Weight is recognised as a protected characteristic in Lehigh County, but there are no such statewide protections.^{462,463}	Access to evidence-based obesity care In Pennsylvania, Medicaid covers three of the four core components of comprehensive obesity care—obesity medications, intensive behavioural therapy, and metabolic and bariatric surgery (nutrition counselling is not covered).⁴⁶⁴ Nutrition regulation and food practices in schools Pennsylvania mandates that public schools provide free breakfasts for all students, has nutrition standards for school food, and requires nutrition education be taught as part of the curriculum.^{465,466,467} The city of Philadelphia taxes sugar-sweetened beverages, but there is no statewide tax on unhealthy food or drinks.⁴⁶⁸ Opportunities for physical activity The state requires physical education in public schools but does not specify daily physical activity requirements (the US Department of Health and Human Services recommends that children and adolescents undertake 60 minutes of physical activity per day).⁴⁶⁹
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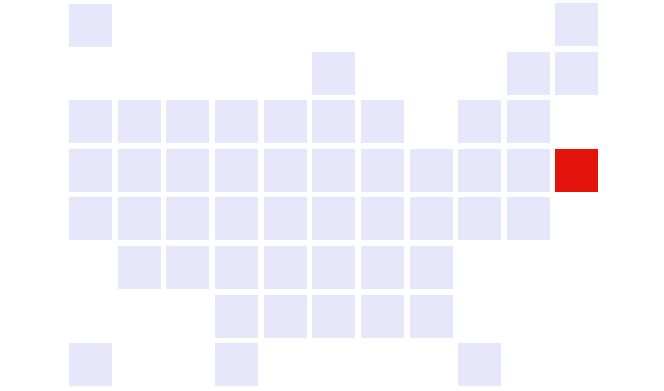
Rhode Island

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively.

Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Rhode Island is taking to address obesity.



Score	Rank
62.5/100	9/50
Background indicators:	
Adult obesity prevalence (%)	32
Childhood obesity prevalence (%)	19
Median household income (US\$)	81,860
Healthcare spending per capita (US\$)	333

State overview

Obesity-related policy

Rhode Island’s 2023-2028 Healthy Eating and Active Living Strategic Plan outlines goals for obesity prevention and management across the population.⁴⁷⁰ Obesity is identified as a risk factor for chronic disease, although it is not defined as a chronic condition itself.⁴⁷¹ The plan includes clear actions, success measures and targets for areas such as active transport and healthy food access, focusing on vulnerable groups like children and low-income individuals.⁴⁷² However, the plan lacks specific targets for reducing obesity prevalence, measures to tackle weight-related stigma and dedicated funding for its implementation.⁴⁷³

Access to evidence-based obesity care

Rhode Island Medicaid offers covers all four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.⁴⁷⁴ However, it does not implement any Healthy Behaviour Incentive Programmes to encourage weight loss.⁴⁷⁵

Nutrition regulation and food practices in schools

Rhode Island levies its sales tax on soft drinks and candy while exempting other foods, and also implements specific nutrition standards for school food.^{476,477} The state encourages, but does not mandate, public schools to teach students about nutrition.⁴⁷⁸ Rhode Island mandates that all public schools provide meals, but prices depend on students’ household income and are not universally free.⁴⁷⁹

Opportunities for physical activity

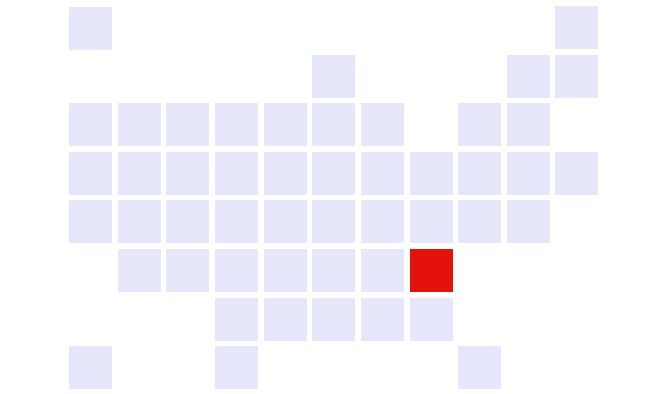
The state promotes physical activity, with a particular emphasis on encouraging active transport, through grants and planning initiatives.⁴⁸⁰ It also requires that students receive at least 100 minutes of health and physical education per week; however, this falls short of the US Department of Health and Human Services’ recommendation of 60 minutes of activity per day.⁴⁸¹

South Carolina

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions South Carolina is taking to address obesity.



Score	Rank
40.3/100	47/50
Background indicators:	
Adult obesity prevalence (%)	36
Childhood obesity prevalence (%)	18
Median household income (US\$)	69,100
Healthcare spending per capita (US\$)	102

State overview

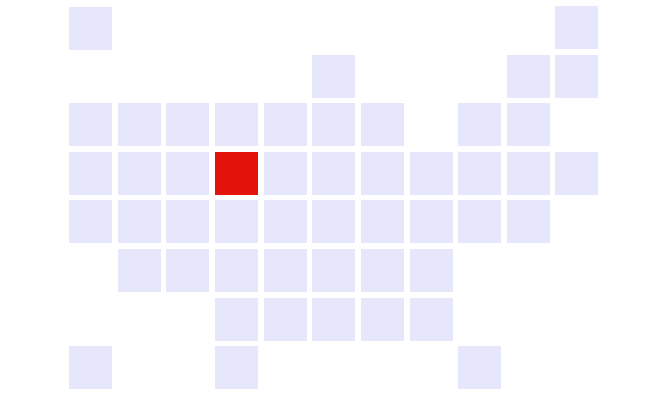
Obesity-related policy South Carolina lacks a dedicated obesity strategy, and its 2025-2029 State Health Improvement Plan does not list obesity as a priority.^{482,483} Although the state acknowledges obesity as a risk factor for chronic diseases like heart disease and diabetes, it does not formally recognise it as a chronic condition.⁴⁸⁴ In addition, South Carolina does not protect against weight-based discrimination under state discrimination laws.⁴⁸⁵ Access to evidence-based obesity care South Carolina Medicaid covers three of the four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).^{486,487,488}	Nutrition regulation and food practices in schools South Carolina adheres to federal school meal standards, which are reinforced at the state level, and mandates that public schools teach nutrition education across grades.^{489,490,491} However, the state does not levy any taxes on unhealthy food and drinks; it exempts groceries from its sales tax without distinction based on the healthiness of products.⁴⁹² Although public schools participate in eligibility-based federal school meal programmes, the state does not mandate universal free school meals for all students.⁴⁹³ Opportunities for physical activity South Carolina does not have any policies in place to promote physical activity, and only 69% of residents have access to places for physical activity.⁴⁹⁴ For children, the state requires that public schools provide students in kindergarten to fifth grade with an average of 30 minutes of physical education and physical activity per day, falling short of the US Department of Health and Human Services’ recommendation of 60 minutes per day.⁴⁹⁵
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South Dakota

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions South Dakota is taking to address obesity.



Score	Rank
47.1/100	42/50
Background indicators:	
Adult obesity prevalence (%)	36
Childhood obesity prevalence (%)	13
Median household income (US\$)	81,740
Healthcare spending per capita (US\$)	136

State overview

Obesity-related policy

South Dakota has taken some steps toward obesity prevention, notably through its Department of Health Strategic Plan for 2020-2025, which includes measurable targets for reducing obesity among women, infants and children.⁴⁹⁶ However, the state’s most recent dedicated obesity strategy, the South Dakota State Plan for Nutrition and Physical Activity to Prevent Obesity and Other Chronic Diseases, expired in 2020 and has not been replaced.⁴⁹⁷ Although the state recognises obesity as a leading risk factor for chronic diseases, it does not define obesity as a chronic disease itself.⁴⁹⁸ In addition, South Dakota does not provide any legal protections against weight-based discrimination.⁴⁹⁹

Access to evidence-based obesity care

Medicaid in South Dakota covers three of the four core components of comprehensive obesity care—metabolic and bariatric surgery, intensive behavioural therapy, and nutrition counselling (obesity medications are not covered).^{500,501,502}

Nutrition regulation and food practices in schools

South Dakota implements nutrition standards for school food and requires that public schools teach nutrition education.^{503,504} However, the state levies the standard sales tax rate on all food and beverages, without distinguishing between healthy and unhealthy items, and does not require schools to provide free meals to students.^{505,506}

Opportunities for physical activity

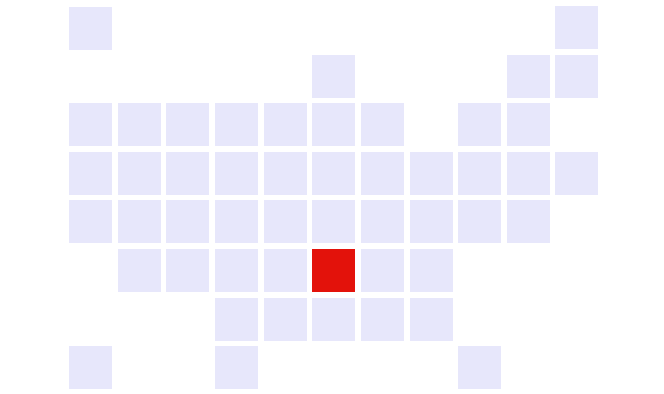
South Dakota promotes physical activity and active transport through the Move Your Way campaign and the Active Transportation Programme.^{507,508} For children, the state requires physical education in public schools but does not specify daily physical activity requirements (the US Department of Health and Human Services recommends that children and adolescents partake in 60 minutes of physical activity per day).⁵⁰⁹

Tennessee

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Tennessee is taking to address obesity.



Score	Rank
53.9/100	29/50
Background indicators:	
Adult obesity prevalence (%)	38
Childhood obesity prevalence (%)	20
Median household income (US\$)	72,700
Healthcare spending per capita (US\$)	132

State overview

Obesity-related policy

The Tennessee State Health Plan: 2024-2026 Edition considers obesity a key factor in state health outcomes and refers to it as a “health condition” alongside several other chronic diseases.⁵¹⁰ However, Tennessee’s most recent dedicated obesity plan, the Tennessee Statewide Nutrition and Physical Activity Plan, expired in 2015 and has not been updated.⁵¹¹ In addition, the state does not recognise weight as a protected characteristic under its anti-discrimination law.⁵¹²

Access to evidence-based obesity care

TennCare, the state’s Medicaid programme, covers three of the four core components of comprehensive obesity care—metabolic and bariatric surgery, intensive behavioural therapy, and obesity medications, although the latter are only covered for enrollees under the age of 21 (nutrition counselling is not covered).^{513,514}

Nutrition regulation and food practices in schools

Tennessee taxes candy at the full sales tax rate while other foods are taxed at a reduced rate.⁵¹⁵ In schools, the state adheres to federal standards for school meals and mandates nutrition education in schools from kindergarten through 12th grade.^{516,517,518,519} All public schools participate in eligibility-based federal school meal programmes, but they are not required to provide universal free school meals for all students.⁵²⁰

Opportunities for physical activity

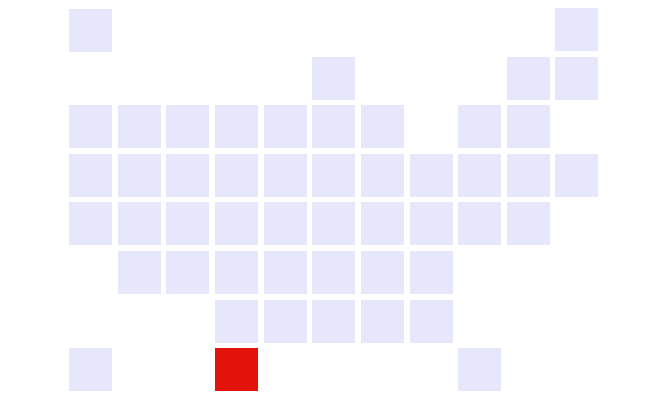
Tennessee promotes physical activity through the Tennessee Comprehensive Safe Routes to School Program and the Department of Transportation’s Multimodal Access Policy, which aim to promote active transport through investment in pedestrian and cycle-friendly infrastructure.⁵²¹ For children, the state requires that public schools provide elementary students with an average of 26 minutes of physical activity per day, and middle and high school students with an average of 18 minutes per day, falling short of the US Department of Health and Human Services’ recommendation of 60 minutes per day.⁵²²

Texas

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Texas is taking to address obesity.



Score	Rank
57.8/100	20/50
Background indicators:	
Adult obesity prevalence (%)	34
Childhood obesity prevalence (%)	21
Median household income (US\$)	79,060
Healthcare spending per capita (US\$)	78

State overview

Obesity-related policy

Texas’ Obesity Prevention Priority Strategies outlines measures for prevention across four domains: nutrition, physical activity, breastfeeding, and health promotion and education.⁵²³ The plan includes actions like implementing healthy vending policies and training healthcare providers on evidence-based interventions; however, it lacks evaluation metrics, numeric prevalence reduction targets, and a focus on vulnerable groups.⁵²⁴ The strategy benefits from dedicated funding through the state’s Chronic Disease Grants programme.⁵²⁵ Despite these strengths, the state does not formally classify obesity as a chronic disease and lacks legal protections against weight-based discrimination.

Access to evidence-based obesity care

Texas Medicaid covers three of the four core components of comprehensive obesity care—metabolic and bariatric surgery, nutrition counselling, and intensive behavioural therapy (obesity medications are not covered).^{526,527}

Nutrition regulation and food practices in schools

Texas levies the full rate of sales taxes on both soft drinks and candy while exempting other food products. It also implements state nutrition standards for school meals and snacks and mandates nutrition education in public schools from kindergarten through high school.^{528,529,530} Although public schools provide free school meals to eligible low-income students, the state does not mandate universal free school meals for all students.⁵³¹

Opportunities for physical activity

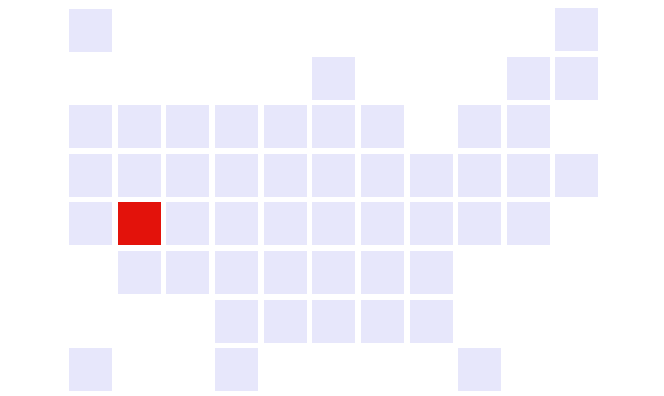
The state promotes physical activity through its Texercise initiative and is developing a Statewide Active Transportation Plan; however, there are no current measures to encourage active transport and reduce car usage.^{532,533} In schools, daily physical activity mandates for children remain at 30 minutes, below the US Department of Health and Human Services’ recommendation of 60 minutes per day.⁵³⁴

Utah

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Utah is taking to address obesity.



Score	Rank
50.5/100	34/50
Background indicators:	
Adult obesity prevalence (%)	30
Childhood obesity prevalence (%)	12
Median household income (US\$)	101,200
Healthcare spending per capita (US\$)	95

State overview

Obesity-related policy

Utah’s Healthy Environments Active Living Program 2021-2026 Strategic Plan serves as the state’s main strategy for addressing obesity.⁵³⁵ It includes measures for prevention and management, as well as a focus on support for vulnerable groups such as children and low-income populations.⁵³⁶ However, the plan lacks numerical targets for reducing prevalence, measures to address weight-related stigma and dedicated funding for implementation.⁵³⁷ In addition, Utah lacks legal protections against weight-based discrimination.⁵³⁸

Access to evidence-based obesity care

Medicaid in Utah covers three of the four core components of comprehensive obesity care—metabolic and bariatric surgery, nutrition counselling and intensive behavioural therapy (obesity medications are not covered).^{539,540} It does not implement Healthy Behaviour Incentive Programmes to encourage weight loss.

Nutrition regulation and food practices in schools

Utah mandates nutrition education across all grades as part of its health education curriculum and requires that school meal programmes follow federal and state-specific nutritional standards.^{541,542,543} The state does not impose higher taxes on unhealthy foods and beverages than on other food items and does not require public schools to provide free school meals.⁵⁴⁴

Opportunities for physical activity

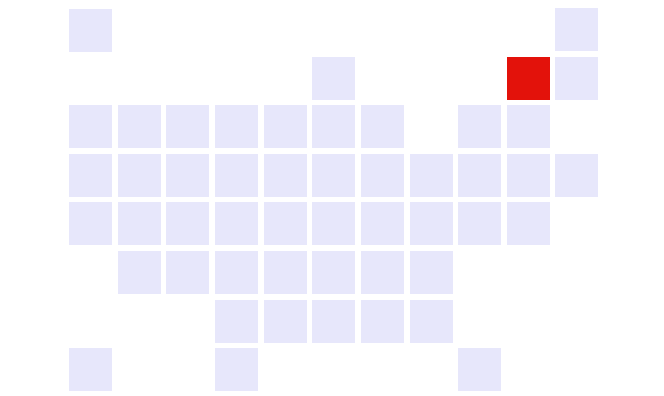
Utah encourages daily physical activity and active transport through its Healthy Environments Active Living Program, the Move Utah initiative and the Utah Trail Network, which invest in walking and cycling infrastructure to reduce car dependency and increase access to physical activity.^{545,546,547} Although the state mandates that public schools provide opportunities for physical activity to students, no daily time requirement is required (the US Department of Health and Human Services recommends that children and adolescents partake in 60 minutes of physical exercise per day).⁵⁴⁸

Vermont

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Vermont is taking to address obesity.



Score	Rank
54.4/100	25/50
Background indicators:	
Adult obesity prevalence (%)	29
Childhood obesity prevalence (%)	11
Median household income (US\$)	85,190
Healthcare spending per capita (US\$)	206

State overview

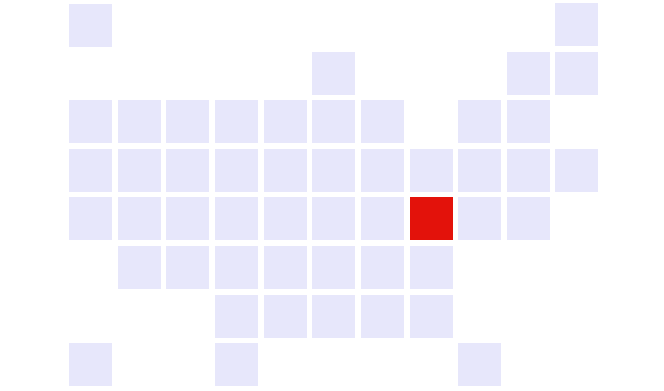
Obesity-related policy The Vermont Department of Health recognises obesity as a chronic disease, linking it to diabetes, heart disease, stroke and some cancers.⁵⁴⁹ However, the state lacks a dedicated obesity strategy, and the most recent obesity strategy, the State Health Improvement Plan 2019-2023, did not include obesity as a priority area.⁵⁵⁰ In addition, weight is not recognised as a protected characteristic under Vermont’s anti-discrimination laws.⁵⁵¹ Access to evidence-based obesity care Vermont Medicaid covers three of the four core components of comprehensive obesity care—metabolic and bariatric surgery, nutrition counselling, and intensive behavioural therapy (obesity medications are not covered).^{552,553,554}	Nutrition regulation and food practices in schools Vermont levies a tax on soft drinks, implements nutrition standards for school food, mandates nutrition education across grades, and requires that all public schools provide free school meals to all students, regardless of income.^{555,556,557} Opportunities for physical activity Vermont’s Bicycle and Pedestrian Program and the VTrans Bicycle and Pedestrian Strategic Plan promote active transport by funding infrastructure upgrades that encourage the population to walk or cycle, although neither contain specific measures to reduce car usage.^{558,559} Public schools in Vermont are required to provide students with at least 30 minutes of physical activity per day, falling short of the US Department of Health and Human Services’ recommendation of 60 minutes per day.⁵⁶⁰
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Virginia

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Virginia is taking to address obesity.



Score	Rank
63.2/100	7/50
Background indicators:	
Adult obesity prevalence (%)	34
Childhood obesity prevalence (%)	14
Median household income (US\$)	96,490
Healthcare spending per capita (US\$)	107

State overview

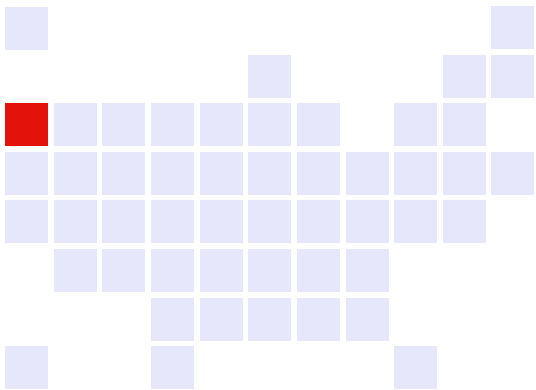
Obesity-related policy Virginia lacks a dedicated obesity strategy and does not formally classify obesity as a chronic disease. The state also does not provide legal protections against weight-based discrimination in its Human Rights Act.⁵⁶¹ Access to evidence-based obesity care Virginia Medicaid covers all four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.^{562,563} However, the state does not implement any Healthy Behaviour Incentive Programmes within Medicaid to encourage weight loss.	Nutrition regulation and food practices in schools Virginia levies an excise tax on soft drinks, implements nutrition standards for school meals and mandates nutrition education across grades as part of its health education framework.^{564,565,566} Although public schools must provide free or reduced-price meals to eligible low-income students through federal nutrition programmes, the state does not mandate universal free school meals for all students.⁵⁶⁷ Opportunities for physical activity Virginia promotes active transport through its State Bicycle Policy Plan and State Pedestrian Policy Plan, but these do not explicitly aim to reduce car usage.^{568,569} In schools, Virginia is the only state to mandate 60 minutes of daily physical activity for all students, in line with US Department of Health and Human Services recommendations.⁵⁷⁰
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Washington

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Washington is taking to address obesity.



Score 60/100	Rank 14/50
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Background indicators:

Adult obesity prevalence (%)	31
Childhood obesity prevalence (%)	15
Median household income (US\$)	93,440
Healthcare spending per capita (US\$)	139

State overview

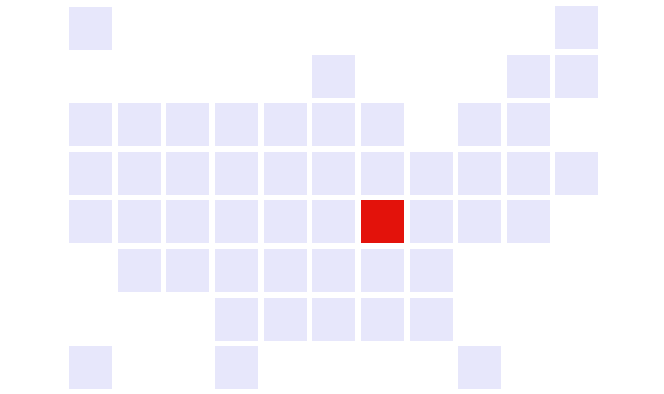
Obesity-related policy Washington is one of two states to provide legal protections against weight-based discrimination, following a ruling by the Washington Supreme Court in 2019 that confirmed obesity as a protected condition under state disability law.⁵⁷¹ However, Washington’s most recent formal obesity strategy, the Washington State Plan for Healthy Communities, was published in 2014 and has not been updated.⁵⁷² Although obesity was identified as a priority in the previous 2014-2018 State Health Improvement Plan, there is no evidence that it was prioritised in the Transformational Plan: A Vision for Health in Washington State (2022-2024).⁵⁷³ Access to evidence-based obesity care Medicaid in Washington (Apple Health) covers three of the four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).^{574,575}	Nutrition regulation and food practices in schools Washington subjects soft drinks to the full rate of sales tax while exempting other foods, adheres to federal nutrition standards for school meals, mandates comprehensive nutrition education from kindergarten to grade 12, and requires that all public schools provide students with free breakfast and lunch, regardless of household income.^{576,577,578,579} Opportunities for physical activity The state actively supports physical activity through its Healthy Eating Active Living Program, which focuses on equitable access to healthy foods and environments for physical activity.⁵⁸⁰ The Active Transportation Plan 2020 and Beyond further supports active transport, including walking and cycling, by expanding community infrastructure and prioritising safety and access for underserved populations.⁵⁸¹ Washington mandates that public schools provide students in kindergarten through 8th grade with 20 minutes of exercise per day, falling short of the US Department of Health and Human Services’ recommendation of 60 minutes.⁵⁸²
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West Virginia

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions West Virginia is taking to address obesity.



Score	Rank
54.1/100	28/50
Background indicators:	
Adult obesity prevalence (%)	41
Childhood obesity prevalence (%)	24
Median household income (US\$)	60,410
Healthcare spending per capita (US\$)	161

State overview

Obesity-related policy

West Virginia’s obesity strategy, Addressing Obesity and Related Chronic Diseases: A Strategic Plan to Combat Obesity and Related Chronic Diseases in West Virginia, expired in 2020 and has not been renewed.⁵⁸³ In addition, the state does not include weight as a protected category under anti-discrimination law.⁵⁸⁴

Access to evidence-based obesity care

Medicaid in West Virginia covers three of the four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, and metabolic and bariatric surgery (obesity medications are not covered).^{585,586} The state also operates Healthy Behaviour Incentive Programmes under Medicaid to encourage weight loss, such as Highmark’s Healthy Rewards programme, offering financial incentives for wellness visits and preventive screenings.⁵⁸⁷

Nutrition regulation and food practices in schools

Public schools in West Virginia are required to teach nutrition education and adhere to both federal and state-level school nutrition standards for school meals.^{588,589} The state mandates the provision of free school meals in certain eligible schools—often schools in areas of “high need”—but does not require that schools provide universal free meals to all students.^{590,591} Although West Virginia previously levied a tax on soft drinks, this tax ceased in June 2024 and no such taxes have since been levied on unhealthy foods or drinks.⁵⁹²

Opportunities for physical activity

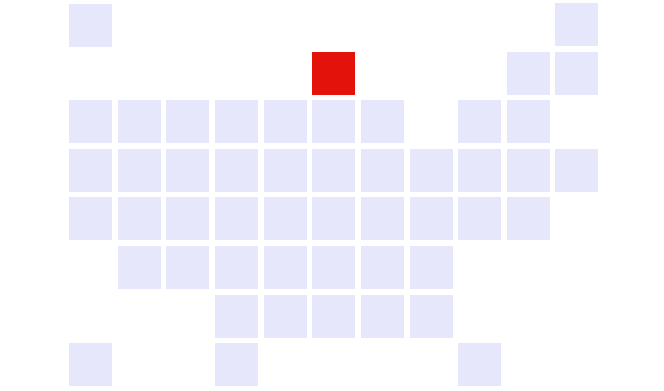
The West Virginia Physical Activity Plan 2030 promotes active transport among the population, although it does not include a focus on reducing car usage.⁵⁹³ West Virginia requires public schools to provide elementary students with at least 30 minutes of physical activity per day at least three days a week, falling short of the US Department of Health and Human Services’ recommendation of 60 minutes per day.⁵⁹⁴

Wisconsin

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Wisconsin is taking to address obesity.



Score	Rank
58.7/100	17/50
Background indicators:	
Adult obesity prevalence (%)	36
Childhood obesity prevalence (%)	18
Median household income (US\$)	79,690
Healthcare spending per capita (US\$)	69

State overview

Obesity-related policy

Wisconsin implements a strategic framework to address obesity, the Physical Activity and Nutrition Road Map, which includes health equity principles and offers tailored support for tribal communities.⁵⁹⁵ However, although it sets broad goals for obesity prevention, the framework lacks specific actions, targets and methods of evaluation, as well as dedicated funding for its implementation.⁵⁹⁶ In addition, the state does not provide legal protections against weight-based discrimination.

Access to evidence-based obesity care

Wisconsin Medicaid covers all four core components of comprehensive obesity care—nutrition counselling, intensive behavioural therapy, obesity medications, and metabolic and bariatric surgery.^{597,598}

Nutrition regulation and food practices in schools

Wisconsin is one of the few states to levy taxes on candy, prepared foods and soft drinks while exempting other foods and beverages.⁵⁹⁹ Regarding school nutrition policy, the state adheres to federal nutrition standards for school meals and mandates nutrition education from kindergarten to 12th grade.^{600,601} However, it does not mandate the provision of free school meals.⁶⁰²

Opportunities for physical activity

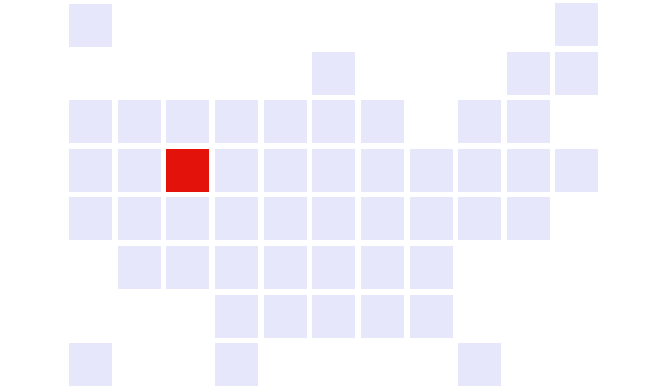
The Wisconsin Active Together programme prioritises community-level planning to promote active transport and facilitate walking and cycling.⁶⁰³ For children, although the state recommends that students undertake a minimum of 60 minutes of daily physical activity in school—in line with US Department of Health and Human Services recommendations—these are not mandated.⁶⁰⁴

Wyoming

Obesity is one of America’s most urgent health challenges. Almost half of adults—around 117m people—are living with obesity.^{1,2} Without policy intervention, that share could rise to two-thirds by 2050.³ One in five children is already living with obesity, with many likely to carry it into adulthood, increasing the risk of lifelong health complications.⁴

The outlook is not all bleak. Obesity is a chronic, relapsing disease, but with inclusive policies and coordinated, cross-sector action, it can be prevented and managed effectively. Economist Enterprise’s United States Obesity Response Index, supported by Eli Lilly and Company, evaluates US state efforts to prevent and manage obesity. It uses 23 indicators across three pillars to assess: the strength of obesity policy and access to care; access to affordable, nutritious food at home and in schools; and opportunities for physical activity. The Index highlights where action is most needed and where states can learn from each other.

This state profile highlights some of the actions Wyoming is taking to address obesity.



Score	Rank
49/100	36/50
Background indicators:	
Adult obesity prevalence (%)	33
Childhood obesity prevalence (%)	14
Median household income (US\$)	77,200
Healthcare spending per capita (US\$)	123

State overview

Obesity-related policy

Wyoming lacks a dedicated obesity strategy, and the Wyoming Health Improvement Strategy 2021-2026 does not prioritise obesity.⁶⁰⁵ The state does not define obesity as a chronic disease or recognise weight as a protected category under discrimination law.^{606,607}

Access to evidence-based obesity care

Wyoming Medicaid covers three of the four core components of comprehensive obesity care—nutrition counselling, metabolic and bariatric surgery, and intensive behavioural therapy (obesity medications are not covered).^{608,609,610} Wyoming also implements Healthy Behaviour Incentive Programmes within Medicaid to encourage healthier lifestyles, including weight loss and improved nutrition, such as the WYhealth Care Management Program and the Prevent Diabetes Program, which provide coaching and financial incentives for better weight management.^{611,612}

Nutrition regulation and food practices in schools

Wyoming enforces nutritional standards for school meals in public schools and mandates nutrition education as part of its health curriculum.^{613,614} However, the state does not impose taxes on unhealthy food or beverages and does not mandate universal free meals in schools.^{615,616,617}

Opportunities for physical activity

The state promotes physical activity through the Active Transportation and Recreation Grant Program, a US\$40m fund to support community infrastructure such as biking and walking trails to promote active transport.⁶¹⁸ In schools, Wisconsin mandates physical education across grades, but does not specify a daily time requirement for physical activity (the US Department of Health and Human Services recommends that children and adolescents partake in 60 minutes of physical activity per day).⁶¹⁹

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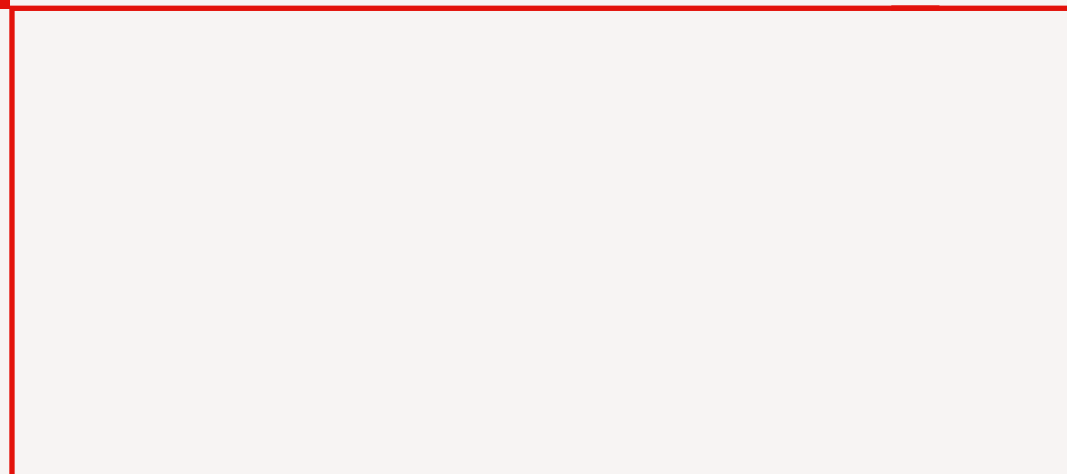
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